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EARLIER TODAY IS

MISSING SCHEDULE B

-JK

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1998 MAY 19 P 4:29

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full)
American Chiropractic Association PAC

ADDRESS (number and street) Check if different than previously reported
1701 Clarendon Blvd

CITY, STATE and ZIP CODE
Arlington, VA 22209

2. FEC IDENTIFICATION NUMBER
000100764

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
 This committee has not qualified as a multicandidate committee.

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	04/01/00 through 04/30/00		
6. (a) Cash on Hand January 1, 19__	00		\$ 37,807.39
(b) Cash on Hand at Beginning of Reporting Period		\$ 89,781.75	
(c) Total Receipts (from Line 19)		\$ 29,487.60	\$ 126,332.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 129,249.28	\$ 164,238.89
7. Total Disbursements (from Line 20)		\$ 2,000.00	\$ 38,990.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 127,249.28	\$ 127,249.28
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	

For further information contact:
Federal Election Commission
998 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Kirt Joseph, D.C.

Signature of Treasurer *Kirt J. Joseph, D.C.* Date 5/19/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE American Chiropractic Association PAC	REPORT COVERING PERIOD		
	FROM 01/01/89 COLUMN A Total This Period	TO 04/30/89 COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Itemized (use Schedule A)	11,010.00	39,835.00	11(a)(i)
II. Unitemized	17,057.50	88,887.50	11(a)(ii)
II. Total (add I and II) >	28,467.50	128,332.50	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a i, b and c) >	28,467.50	128,332.50	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	28,467.50	128,332.50	19
20. Total Federal Receipts (subtract line 18 from line 19) >	28,467.50	128,332.50	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	36,990.51	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2,000.00	36,990.51	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,000.00	36,990.51	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	28,467.50	128,332.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	28,467.50	128,332.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 7
FOR LINE NUMBER 11 a

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jan Roberts RR 4, Box 5048 Farmington, ME 04938-1528	Roberts Chiropractic Center	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Kraus 503 N Main St Carroll, IA 51401-2739	Kraus Chiropractic	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffery Fedorko 4774 Munson Street, NW Ste 302 Canton, OH 44718-3834	Fedorko Chiropractic Health Center	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Lynch 1200 Broadway S Portland, ME 04108-5836	Lynch Chiropractic Arts Center	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Farney 149 S Andover Rd/ Box 307 Andover, KS 67002	self	04/05/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lyndon Jones 1121 E Tyler Harlingen, TX 78550-7137	self	04/05/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Miller 85 East Willman Street Hiawatha, IA 52233-1518	self	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) **1,850.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 ai

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Hudson 1114 9th St South Great Falls, MT 59405-4402	Advanced Chiropractic Center	04/05/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Sportelli 175 Delaware Ave Palmerston, PA 18071-1715	self	04/05/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Spadafino 281 Summerhill Rd Ste 102 E Brunswick, NJ 08816-4270	self	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victoria Viola 1252 S Fifth St Mebane, NC 27302-8706	Mebane Family Chiropractic	04/05/00	310.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 310.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Israel 1492 S Hill Ave #301 Tempe, AZ 85284	self	04/05/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kent Fox 848 N Broadway PO Box 266 Lebanon, OH 45038-0266	self	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clinton Smith 245 N 5th St Breeese, IL 62230-1248	self	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 1,585.00

TOTAL This Period (less page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 7
FOR LINE NUMBER

11 a.l.

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NAME OF COMMITTEE (in Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel McClure PO Box 788 Bayfield, CO 81122	self	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brad Hayes 6717 S Yale Ste 110 Tulsa, OK 74138-3318	self	04/05/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Woloshin PO Box 1723 Noblesville, IN 46061-1723	Woloshin Chiropractic	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
M Traylor 107 Professional Plaza Helena, AR 72342-8954	Traylor Chiropractic Clinic	04/05/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Selby 215 Pineway Dr Nashville, TN 37217-2607	Selby Chiropractic Offices	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Shelton 1114 Dixie Hwy Rossford, OH 43460-1337	self	04/05/00	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Cleveland 6401 Rockhill Rd Kansas City, MO 64131-1122	Cleveland Chiropractic College	04/05/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional) 2,150.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Hilton 841 Fangrove Church Rd SE Conover, NC 28613-9814	self	04/05/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cameron Namecek 1431 Interstate Loop #C Bismarck, ND 58501-0567	self	04/05/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Edwards 2708 W 12th Ave Emporia, KS 66801-6341	self	04/26/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Eastman P O Box 277 Westlake, LA 70668-0277	self	04/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 350.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Brost 1421 E Wayzata Blvd #61 Wayzata, MN 55391	self	04/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bobby Hutchinson 1413 Kingsley Ave Orange Park, FL 32073-4627	self	04/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maurice Cyr Health Center 245 Stratton Road Rutland, VT 05701-4521	Physical Rehabilitation &	04/25/00	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	Aggregate Year-to-Date > \$ 1,050.00	

SUBTOTAL of Receipts This Page (optional) 2,300.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER

11 a.i

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Hirschy 801 Linden Ave Chariton, IA 50049-1835	Family Chiropractic Center	04/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Maurer 2330 Gull Road Kalamazoo, MI 49001-1432	Kalamazoo Chiropractic Center	04/25/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Sullivan 7106 Pippin Rd Cincinnati, OH 45239-4605	self	04/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Reed PO Box 481 Altus, OK 73522-0481	Reed Clinics	04/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 300.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Unferth 1776 W Morris Blvd Morristown, TN 37813	self	04/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Post 4 Calvert St Newport, RI 02840-2821	Newport Chiropractic Center Ltd	04/25/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Montgomerie 149 W Main St Cortland, OH 44410-1432	self	04/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) 1,550.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 8 OF 7
FOR LINE NUMBER

41-1

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NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Miller 95 East Willman Street Hiawatha, IA 62233-1518	self	04/25/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > 6	500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vito Russo 1313 81 St Brooklyn, NY 11228-3005	self	04/25/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > 6	400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Rexroth 2411 W NR Pleasant St W Burlington, IA 62655-9614	self	04/25/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > 5	400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Barron 1520 Blue Hill Ave Mattapan, MA 02126-1747	Barron Chiropractic & Rehab	04/25/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > 5	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Barbatl 63 S Main St Ste A Randolph, MA 02368-4820	self	04/25/00	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > 5	300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Grayson 6800 W Commercial Blvd Ste 4 Ft Lauderdale, FL 33319-2149	self	04/25/00	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > 6	300.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Chatfield 2803 Central Dr Bedford, TX 76021-4812	Back & Neck Care Center of Bedford	04/25/00	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > 6	250.00	

SUBTOTAL of Receipts This Page (optional) 1,625.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 07
FOR LINE NUMBER 7

11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles King 1088 W Van Hook Milan, TN 38358-3025 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	self Occupation Chiropractor Aggregate Year-to-Date > \$ 250.00	04/25/00	250.00
Ira Gluck 5667 E Grant Rd Tucson, AZ 85712-2211 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Catalina Chiropractic Occupation Chiropractor Aggregate Year-to-Date > \$ 250.00	04/25/00	250.00
Darrell Locke 728 Courtview Dr SW Carrollton, OH 44615-9477 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation Chiropractor Aggregate Year-to-Date > \$ 300.00	04/25/00	200.00
Kip Forsberg 3003 Watson Blvd Endwell, NY 13760-3529 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer self Occupation Chiropractor Aggregate Year-to-Date > \$ 400.00	04/26/00	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only) 11,810.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF
FOR LINE NUMBER

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

American Chiropractic Association PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
LAZIO FOR CONGRESS PO Box 5063 Bay Shore, NY 11708	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/11/00	1,000.00
Mike McIntyre For Congress 1701 North Chestnut Street Lumberton, NC 28358	Mike McIntyre, U.S. HOUSE 7th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/11/00	500.00
Langevin for Congress PO Box 55 Providence, RI 02901	James Langevin, 2nd RI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/00	500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

2,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5/19/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>SN</i> PREPARER	 5/19/00 DATE PREPARED