

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Chiropractic Association Political Action Committee

ADDRESS (number and street) 1701 Clarendon Blvd Check if different than previously reported. (ACC) Arlington VA 22209

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00102764 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07 / 01 / 2015 through 07 / 31 / 2015

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 Michael Simone

Signature of Treasurer Michael Simone [Electronically Filed] Date 09 / 18 / 2015

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Chiropractic Association Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="15594.57"/>	<input type="text" value="15594.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="32637.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="14495.00"/>	<input type="text" value="79038.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="47132.57"/>	<input type="text" value="94632.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10500.00"/>	<input type="text" value="58000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="36632.57"/>	<input type="text" value="36632.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Chiropractic Association Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8015.00	39820.50
(ii) Unitemized	6480.00	36887.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14495.00	76708.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14495.00	76708.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2330.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	14495.00	79038.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14495.00	79038.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10500.00	58000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10500.00	58000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10500.00	58000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	14495.00	76708.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14495.00	76708.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA

Transaction ID :

This amended report is in response to RFAI dated 8/27/2015. It corrects the beginning cash on hand, Line 8, and Lines 11(a)(i) and 11(a)(ii), Column B.

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Political Action Committee

A. James H Adams Dc Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Andrieux St
 City Sonoma State CA Zip Code 95476-6906
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : C3078390
 Amount of Each Receipt this Period
50.00

B. Robert E Bachelder Dc Bachelder
 Full Name (Last, First, Middle Initial)
 Mailing Address 1182 Township Rd 1175
 City Ashland State OH Zip Code 44805-1977
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **437.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : C3078479
 Amount of Each Receipt this Period
62.50

C. David Bass
 Full Name (Last, First, Middle Initial)
 Mailing Address 10251 W Sample Rd
 City Coral Springs State FL Zip Code 33065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 22 / 2015
Transaction ID : C3078378
 Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional)..... **312.50**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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 Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mary G Berghaus DC

Mailing Address 7023 E 100th PI

City State Zip Code
Tulsa OK 74133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
405.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 24 / 2015
Transaction ID : C3078422

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Casey R Boggs DC

Mailing Address 3939 Massillon Rd Ste 201 #201

City State Zip Code
Uniontown OH 44685-8727

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : C3078477

Amount of Each Receipt this Period
45.00

Full Name (Last, First, Middle Initial)
C. William G Brink DC

Mailing Address 1047 Main Street

City State Zip Code
Sanford ME 04073-3620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2015
Transaction ID : C3078429

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional).....▶	510.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 32
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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 Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jess T Brower DC

Mailing Address 1211 S Meridian St
Ste A

City Washington State IN Zip Code 47501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 24 / 2015
Transaction ID : C3078358

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Jess T Brower DC

Mailing Address 1211 S Meridian St
Ste A

City Washington State IN Zip Code 47501

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 24 / 2015
Transaction ID : C3078359

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Richard M Bruns DC

Mailing Address 371 Union St.

City Bangor State ME Zip Code 04401-4504

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
07 / 08 / 2015
Transaction ID : C3078485

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Political Action Committee

A. John S Caraway Dc Caraway
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 Enterprise Blvd
 City Lake Charles State LA Zip Code 70601-6322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **437.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : C3078500
 Amount of Each Receipt this Period
62.50

B. Paul Ciatto
 Full Name (Last, First, Middle Initial)
 Mailing Address 1620 Towne Center Route 22
 City Brewster State NY Zip Code 10509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **437.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : C3078492
 Amount of Each Receipt this Period
62.50

c. Carl S Cleveland III DC
 Full Name (Last, First, Middle Initial)
 Mailing Address Office of the President
 10850 Lowell Ave
 City Overland Park State KS Zip Code 66210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : C3078432
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **225.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Political Action Committee

A. Joseph Coler
 Full Name (Last, First, Middle Initial)
 Mailing Address 6657 W Archer Ave
 City Chicago State IL Zip Code 60638-2419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Information Requested Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 01 / 2015
Transaction ID : C3078389
 Amount of Each Receipt this Period 200.00

B. Brett Counselman DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1408 SW Topeka Blvd
 City Topeka State KS Zip Code 66612-1819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 07 / 13 / 2015
Transaction ID : C3078376
 Amount of Each Receipt this Period 50.00

C. Miguel Cruz
 Full Name (Last, First, Middle Initial)
 Mailing Address 390 E Main St
 City Burnsville State NC Zip Code 28714-9781
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 07 / 31 / 2015
Transaction ID : C3078518
 Amount of Each Receipt this Period 45.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 295.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Political Action Committee

Full Name (Last, First, Middle Initial)
A. Glenn Czulada DC

Mailing Address 1201 Wheeler Ave

City Dunmore State PA Zip Code 18510-1236

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2015

Transaction ID : C3078436

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Michael S DeRose DC

Mailing Address 1360 Beverly Rd Ste 102

City Mc Lean State VA Zip Code 22101-3621

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : C3078407

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. David Bruce Dziura Dc Dziura

Mailing Address 650 Main St

City Branford State CT Zip Code 06405-3613

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : C3078472

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 Political Action Committee

A. Kenneth W Felch DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Third St
 City Los Altos State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1400.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : C3078360
 Amount of Each Receipt this Period **100.00**

B. Kenneth W Felch DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Third St
 City Los Altos State CA Zip Code 94022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1400.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : C3078361
 Amount of Each Receipt this Period **100.00**

C. Joshua C Flinn DC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 541925
 City Merritt Island State FL Zip Code 32954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : C3078394
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **250.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Political Action Committee

A. Kent C Fox DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 950 W Main St
 City Lebanon State OH Zip Code 45036-9173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015
Transaction ID : C3078417
 Amount of Each Receipt this Period
50.00

B. Anthony R Galante Dc Galante
 Full Name (Last, First, Middle Initial)
 Mailing Address 2210 Huntington Dr
 City Algonquin State IL Zip Code 60102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 28 / 2015
Transaction ID : C3078405
 Amount of Each Receipt this Period
200.00

C. Wendy Gallego DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4500 Biscayne Blvd Ste 202
 City Miami State FL Zip Code 33137
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : C3078387
 Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... **300.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 Political Action Committee

A. David L Gilbertson DC
Full Name (Last, First, Middle Initial)

Mailing Address 16212 Bothell Everett Hwy Ste E

City Mill Creek	State WA	Zip Code 98012-1235
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation Chiropractor
-----------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		03		2015

Transaction ID : C3078076

Amount of Each Receipt this Period

75.00

B. David L Gilbertson DC
Full Name (Last, First, Middle Initial)

Mailing Address 16212 Bothell Everett Hwy Ste E

City Mill Creek	State WA	Zip Code 98012-1235
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation Chiropractor
-----------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		16		2015

Transaction ID : C3078054

Amount of Each Receipt this Period

75.00

C. Gary M Guest Dc Guest
Full Name (Last, First, Middle Initial)

Mailing Address 2304 North 7th Avenue, Suite E

City Bozeman	State MT	Zip Code 59715-2571
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed	Occupation Chiropractor
-----------------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		13		2015

Transaction ID : C3078392

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional).....▶	190.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Political Action Committee

A. Laron L Hardy DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2699 Sandlin Rd Sw Ste A-3
 City Decatur State AL Zip Code 35601-7343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : C3078461
 Amount of Each Receipt this Period
50.00

B. Dennis A Harris DC
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 8038
 City Fort Worth State TX Zip Code 76124-0038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : C3078474
 Amount of Each Receipt this Period
25.00

C. Randy R Hinze DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 23rd St
 City Columbus State NE Zip Code 68601-3305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **437.50**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : C3078484
 Amount of Each Receipt this Period
62.50

SUBTOTAL of Receipts This Page (optional).....▶	137.50
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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 Political Action Committee

A. Debra L Hoffman Dc Cc Hoffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 11802 N 56th St
 City Tampa State FL Zip Code 33617-1652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 16 / 2015**
Transaction ID : C3078418
 Amount of Each Receipt this Period **250.00**

B. Larry Hutchison DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1103 North Madison Ave
 City Douglas State GA Zip Code 31533-2803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 07 / 2015**
Transaction ID : C3078072
 Amount of Each Receipt this Period **273.75**

C. Larry Hutchison DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1103 North Madison Ave
 City Douglas State GA Zip Code 31533-2803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 10 / 2015**
Transaction ID : C3078077
 Amount of Each Receipt this Period **91.25**

SUBTOTAL of Receipts This Page (optional)..... **390.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Political Action Committee

Full Name (Last, First, Middle Initial)
A. Casey J Iverson DC

Mailing Address **PO Box 2371**

City **Grand Island** State **NE** Zip Code **68802-2371**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self-employed** Occupation **Chiropractor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : C3078494

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Tobi Jeurink Dc Jeurink

Mailing Address **325 East Main Street, Suite C**

City **Gardner** State **KS** Zip Code **66030-1313**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self-employed** Occupation **Chiropractor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015

Transaction ID : C3078509

Amount of Each Receipt this Period
35.00

Full Name (Last, First, Middle Initial)
c. Jeffrey C Kalins DC

Mailing Address **8501 Highway 85**

City **Riverdale** State **GA** Zip Code **30274-4183**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self-employed** Occupation **Chiropractor**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : C3078445

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **225.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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 Political Action Committee

A. luis khit
 Full Name (Last, First, Middle Initial)
 Mailing Address 5410 N 10th St
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 30 / 2015
Transaction ID : C3078520
 Amount of Each Receipt this Period
 1200.00

B. luis khit
 Full Name (Last, First, Middle Initial)
 Mailing Address 5410 N 10th St
 City Mcallen State TX Zip Code 78504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : C3078521
 Amount of Each Receipt this Period
 50.00

c. Audie George Klingler DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 203 Greene St
 City Cumberland State MD Zip Code 21502-2877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : C3078507
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Political Action Committee

Full Name (Last, First, Middle Initial)
A. Joseph T Lane DC

Mailing Address 604 East Lockwood Avenue

City State Zip Code
Webster Groves MO 63119-3219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 25 / 2015

Transaction ID : C3078450

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. James Joseph Lehman D Lehman

Mailing Address 185 Park Ave

City State Zip Code
Bridgeport CT 06604-5734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 22 / 2015

Transaction ID : C3078419

Amount of Each Receipt this Period
200.00

Full Name (Last, First, Middle Initial)
C. James Joseph Lehman D Lehman

Mailing Address 185 Park Ave

City State Zip Code
Bridgeport CT 06604-5734

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : C3078420

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Political Action Committee

Full Name (Last, First, Middle Initial)
A. Todd Lovell

Mailing Address 570 Riverstone Way Ste 2

City State Zip Code
Fairbanks AK 99709-2940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2015
Transaction ID : C3078453

Amount of Each Receipt this Period
75.00

Full Name (Last, First, Middle Initial)
B. Lawrence Marrich DC

Mailing Address 3401 Carlisle Blvd NE

City State Zip Code
Albuquerque NM 87110-1648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015
Transaction ID : C3078510

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
C. Michael J Masters DC

Mailing Address 1010 South King Street, Suite 213

City State Zip Code
Honolulu HI 96814-1703

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
self-employed Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : C3078476

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 Political Action Committee

A. Joseph Edward Morris D Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 1130
 City Defuniak Springs State FL Zip Code 32435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **365.00**

Date of Receipt **07 / 30 / 2015**
Transaction ID : C3078287
 Amount of Each Receipt this Period **365.00**

B. Craig A Newman Dc Newman
 Full Name (Last, First, Middle Initial)
 Mailing Address 3305 W Kennedy Blvd
 City Tampa State FL Zip Code 33609-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : C3078489
 Amount of Each Receipt this Period **50.00**

C. Mathias M Pastore Dc Pastore
 Full Name (Last, First, Middle Initial)
 Mailing Address Breckenridge Chiropractic
 12300 Bermuda Crossroad Ln
 City Chester State VA Zip Code 23831-2352
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : C3078505
 Amount of Each Receipt this Period **75.00**

SUBTOTAL of Receipts This Page (optional)..... **490.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 Political Action Committee

A. Kelli K Pearson Dc Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 N Mullan Rd Ste 200
 City State Zip Code
 Spokane Valley WA 99206-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 13 / 2015
Transaction ID : C3078501
 Amount of Each Receipt this Period
 100.00

B. Kelli K Pearson Dc Pearson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1410 N Mullan Rd Ste 200
 City State Zip Code
 Spokane Valley WA 99206-4046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3078502
 Amount of Each Receipt this Period
 100.00

c. Christopher M Piering DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Bridge St
 City State Zip Code
 Syracuse NY 13209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self-employed Chiropractor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2015
Transaction ID : C3078364
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Political Action Committee

Full Name (Last, First, Middle Initial)
A. Stephanie A Rasmussen DC

Mailing Address 1900 West 75th Street, Suite 210

City	State	Zip Code
Prairie Village	KS	66208-3501

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
self-employed	Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : C3078075

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)
B. David W Richey DC

Mailing Address 218 West 34th Avenue

City	State	Zip Code
Anchorage	AK	99503-3977

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
self-employed	Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		28		2015

Transaction ID : C3078399

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)
C. Jaime J Rivera DC

Mailing Address 814 E Harrison Ave

City	State	Zip Code
Harlingen	TX	78550

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
self-employed	Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : C3078503

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional).....▶	430.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Political Action Committee

A. Laverne A Saboe Jr Dc D Saboe
 Full Name (Last, First, Middle Initial)
 Mailing Address 915 19th Ave Se
 City Albany State OR Zip Code 97322-4228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : C3078481
 Amount of Each Receipt this Period **100.00**

B. Joanne Kay Schmit Dc Schmit
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 1040 712 Main St
 City West Point State VA Zip Code 23181-1040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **07 / 16 / 2015**
Transaction ID : C3078447
 Amount of Each Receipt this Period **50.00**

C. Brandt L Spies DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Gulf Fwy. S. Suite G1
 City League City State TX Zip Code 77573
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 31 / 2015**
Transaction ID : C3078462
 Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **250.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 OF 32
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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 Political Action Committee

A. Randall P Stange DC
Full Name (Last, First, Middle Initial)

Mailing Address 721 8th Street Se
Holland Theatre Plaza

City Orange City State IA Zip Code 51041-7451

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015
Transaction ID : C3078411

Amount of Each Receipt this Period
50.00

B. Bruce Thompson DC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2864

City Muscle Shoals State AL Zip Code 35662-2864

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015
Transaction ID : C3078374

Amount of Each Receipt this Period
50.00

C. Bruce Thompson DC
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2864

City Muscle Shoals State AL Zip Code 35662-2864

FEC ID number of contributing federal political committee. **C**

Name of Employer self-employed Occupation Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015
Transaction ID : C3078375

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 32
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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 Political Action Committee

A. David Joseph Weber Dc Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 Sinsinawa Ave
 City East Dubuque State IL Zip Code 61025-1220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 21 / 2015**
Transaction ID : C3078071
 Amount of Each Receipt this Period **150.00**

B. David Joseph Weber Dc Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 289 Sinsinawa Ave
 City East Dubuque State IL Zip Code 61025-1220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 22 / 2015**
Transaction ID : C3078443
 Amount of Each Receipt this Period **100.00**

C. Dianna S. Welty DC
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 43
 City Clay City State IL Zip Code 62824-0043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 13 / 2015**
Transaction ID : C3078442
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 28 OF 32
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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 Political Action Committee

A. John M Wertin DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 830 Poyntz Avenue
 City Manhattan State KS Zip Code 66502-6055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2015
Transaction ID : C3078456
 Amount of Each Receipt this Period 50.00

B. Brian K Wilson DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3601 South Broadway
 City Englewood State CO Zip Code 80113-3610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 01 / 2015
Transaction ID : C3078448
 Amount of Each Receipt this Period 500.00

C. Troy Wilson DC
 Full Name (Last, First, Middle Initial)
 Mailing Address 321 N Burlington Ave
 City Hastings State NE Zip Code 68901-5034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 13 / 2015
Transaction ID : C3078504
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 600.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 32
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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 Political Action Committee

A. Steven G Yeomans Dc Da Yeomans
 Full Name (Last, First, Middle Initial)
 Mailing Address 404 Eureka Street
 City Ripon State WI Zip Code 54971-1192
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 16 / 2015
Transaction ID : C3078437
 Amount of Each Receipt this Period
50.00

B. Zachary C Young DC
 Full Name (Last, First, Middle Initial)
 Mailing Address Po Box 895
 City Kalaheo State HI Zip Code 96741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self-employed Occupation Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **245.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 31 / 2015
Transaction ID : C3078388
 Amount of Each Receipt this Period
35.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	85.00
TOTAL This Period (last page this line number only).....	8015.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Takai for Congress

Mailing Address PO Box 2267

City Pearl City State HI Zip Code 96782

Purpose of Disbursement
2016 Primary

Candidate Name
mark Takai

Office Sought: House Senate President
State: HI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2015

Transaction ID : D167952

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement
2016 Primary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Transaction ID : D167955

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BENISHEK FOR CONGRESS, INC.

Mailing Address PO BOX 108

City GLADSTONE State MI Zip Code 49837

Purpose of Disbursement
2016 Primary

Candidate Name
Rep. Dan Benishek

Office Sought: House Senate President
State: MI District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Transaction ID : D167954

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

TOTAL This Period (last page this line number only)..... ▶

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 Political Action Committee

Full Name (Last, First, Middle Initial)

A. WALBERG FOR CONGRESS

Mailing Address PO BOX 1362

City JACKSON State MI Zip Code 49204

Purpose of Disbursement
2016 Primary

Candidate Name
Rep. Tim Walberg

Office Sought: House
 Senate
 President
State: MI District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2015

Transaction ID : D167948

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE State WA Zip Code 98124

Purpose of Disbursement
2016 Primary

Candidate Name
Sen. Patty Murray

Office Sought: House
 Senate
 President
State: WA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	29	/	2015

Transaction ID : D167953

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City BANGOR State ME Zip Code 04402

Purpose of Disbursement
2016 Primary

Candidate Name
Sen. Susan Collins

Office Sought: House
 Senate
 President
State: ME District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	29	/	2015

Transaction ID : D167957

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

3000.00

10500.00
