

# 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)  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] / [ ] / [ ] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period [05] / [01] / [2016] through [05] / [31] / [2016]

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 Simone, Michael, , ,

Signature of Treasurer *Simone, Michael, , ,* [Electronically Filed] Date [04] / [07] / [2017]

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2016"/>		44116.91
(b) Cash on Hand at Beginning of Reporting Period.....	46573.67	
(c) Total Receipts (from Line 19) .....	6505.00	42211.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53078.67	86328.67
7. Total Disbursements (from Line 31).....	4000.00	37250.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	49078.67	49078.67
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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. 05/2016)

Write or Type Committee Name

**American Chiropractic Association Political Action Committee**

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2016 To: M M / D D / Y Y Y Y 05 / 31 / 2016

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).....	2840.00	14380.00
(ii) Unitemized .....	3665.00	27831.76
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6505.00	42211.76
(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) .....	6505.00	42211.76
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	0.00
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)).....▶	6505.00	42211.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6505.00	42211.76

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	4000.00	37250.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	4000.00	37250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	37250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6505.00	42211.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6505.00	42211.76
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 :

Amending in response to RFAI dated March 7,2017 because calculations for line 8: Cash on hand at close of reporting period does not equal closing calendar year to date cash on hand amount.

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 20
<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. Boggs, Casey, R, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3939 Massillon Rd Ste 201 #201  
 City Uniontown State OH Zip Code 44685-8727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **05 / 29 / 2016**  
**Transaction ID : C3337124**  
 Amount of Each Receipt this Period 45.00  
 Memo Item

**B. Bruns, Richard, M, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **05 / 08 / 2016**  
**Transaction ID : C3337129**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**c. Campbell, James, W, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3D Auer Ct  
 City E Brunswick State NJ Zip Code 08816-5825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 25 / 2016**  
**Transaction ID : C3337131**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	195.00
<b>TOTAL</b> 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 20
<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Caraway, John, S Caraway Dc, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.50

Date of Receipt **05 / 13 / 2016**  
**Transaction ID : C3337132**  
 Amount of Each Receipt this Period 62.50  
 Memo Item

**B. Cleveland, Carl, S, , III DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 16 / 2016**  
**Transaction ID : C3337134**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Counselman, Brett, , , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 13 / 2016**  
**Transaction ID : C3337138**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	212.50
<b>TOTAL</b> 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 9 OF 20
<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Dawson, Timothy, Paul, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5019 Tamiami Trl E  
 City Naples State FL Zip Code 34113-4126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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  
 05 / 25 / 2016  
**Transaction ID : C3337139**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**B. DeRose, Michael, S, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) 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  
 05 / 13 / 2016  
**Transaction ID : C3337141**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Fantino, Valerie, M, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 A Physicians Dr  
 City Charleston State SC Zip Code 29414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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  
 05 / 29 / 2016  
**Transaction ID : C3337147**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 10 OF 20
<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Felch, Kenneth, W, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 13 / 2016**  
**Transaction ID : C3337148**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Fortier, Seth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 220 5th Ave SW  
 City Albany State OR Zip Code 97321  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 25 / 2016**  
**Transaction ID : C3337151**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Fox, Kent, C, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 13 / 2016**  
**Transaction ID : C3337152**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 11 OF 20
<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Freedman, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 West Broadway Ste 100  
 City Eugene State OR Zip Code 97401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 25 / 2016**  
**Transaction ID : C3337153**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**B. Freihaut, Margaret, M, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 Biltmore Dr, Ste 407  
 City Fenton State MO Zip Code 63026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **05 / 29 / 2016**  
**Transaction ID : C3337154**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

**C. Gallego, Wendy, , , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 29 / 2016**  
**Transaction ID : C3337156**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> 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 20
	<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	

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Hardy, Laron, L, , DC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) 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
05		13		2016

**Transaction ID : C3337165**

Amount of Each Receipt this Period  
50.00

Memo Item

**B. Hinze, Randy, R, , DC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) Chiropractor
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2016

**Transaction ID : C3337166**

Amount of Each Receipt this Period  
62.50

Memo Item

**C. Jeurink, Tobi, Jeurink Dc, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) self-employed	Occupation (for Individual) Chiropractor
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2016

**Transaction ID : C3337214**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	147.50
<b>TOTAL</b> 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 20
<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Klingler, Audie, George, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2016  
**Transaction ID : C3337212**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Leach, Robert, A, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Po Box 80121 214 Russell St  
 City Starkville State MS Zip Code 39759-3381  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 05 / 29 / 2016  
**Transaction ID : C3337177**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. Lehman, James, Joseph Lehman D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 185 Park Ave  
 City Bridgeport State CT Zip Code 06604-5734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt 05 / 29 / 2016  
**Transaction ID : C3337180**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<b>TOTAL</b> 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 20
<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Manceaux, Glenn, D Manceaux Dc P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6902 W Main St  
 City Houma State LA Zip Code 70360-2455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 20 / 2016**  
**Transaction ID : C3337205**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Martin, David, J, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 N Main St  
 City Wasilla State AK Zip Code 99654  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **05 / 29 / 2016**  
**Transaction ID : C3337181**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**c. Peterson, Bradley, R, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1878 W 3600 S  
 City West Valley City State UT Zip Code 84119-3893  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 31 / 2016**  
**Transaction ID : C3338307**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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 20
<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Piering, Gerard, H Piering Dc, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 147 W Montauk Hwy  
 City Hampton Bays State NY Zip Code 11946-2309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 15 / 2016  
**Transaction ID : C3337202**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Saboe, Laverne, A Saboe Jr Dc D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 13 / 2016  
**Transaction ID : C3337204**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Schmit, Joanne, Kay Schmit Dc, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 16 / 2016  
**Transaction ID : C3337191**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 20
	<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Sole, Scott, A Sole Dc, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3800 Avenue A  
 City Kearney State NE Zip Code 68847  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) 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  
 05 / 31 / 2016  
**Transaction ID : C3338321**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Stoner, Fred, L Stoner Dc, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1228 Triumph Court  
 City Las Vegas State NV Zip Code 89117-7121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2016  
**Transaction ID : C3338312**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Thompson, Bruce, , , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) 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  
 05 / 13 / 2016  
**Transaction ID : C3337170**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> 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 20
<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. Welty, Dianna, S., , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2016  
**Transaction ID : C3337189**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Wertin, John, M, , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2016  
**Transaction ID : C3337193**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Wilson, Troy, , , DC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) self-employed Occupation (for Individual) Chiropractor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 13 / 2016  
**Transaction ID : C3337209**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 20
<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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yeomans, Steven, G Yeomans Dc Da, ,

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 (for Individual) self-employed	Occupation (for Individual) Chiropractor
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	16	/	2016

**Transaction ID : C3337187**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50.00
<b>TOTAL</b> This Period (last page this line number only).....	2840.00

**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"/> 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

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Erik Paulsen**

Mailing Address P.O. Box 44369

City  
Eden Prairie

State  
MN

Zip Code  
55344

Purpose of Disbursement  
2016 General

Candidate Name

**Paulsen, Erik, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	6

FEC Identification Number

**C** [ ]

**Transaction ID : D174444**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHN LEWIS FOR CONGRESS**

Mailing Address P.O. BOX 2323

City  
ATLANTA

State  
GA

Zip Code  
30301

Purpose of Disbursement  
2016 General

Candidate Name

**Lewis, John, , Rep.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: GA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	6

FEC Identification Number

**C** C00202416

**Transaction ID : D174441**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. GRASSLEY COMMITTEE INC**

Mailing Address PO Box 1000

City  
Des Moines

State  
IA

Zip Code  
50304-1000

Purpose of Disbursement  
2016 General

Candidate Name

**Grassley, Charles, E., Sen.,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	6

FEC Identification Number

**C** C00230482

**Transaction ID : D174442**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

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

[ ] 3000.00

**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"/> 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

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NAME OF COMMITTEE (In Full)  
**American Chiropractic Association Political Action Committee**

**A. WYDEN FOR SENATE**

Full Name (Last, First, Middle Initial)  
Mailing Address 232 NE 9TH AVENUE

City PORTLAND State OR Zip Code 97232

Purpose of Disbursement 2016 General

Candidate Name  
**Wyden, Ron, , Sen.,**

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OR District:

Date of Disbursement: 05 / 25 / 2016

FEC Identification Number: C C00308676  
Transaction ID : D174443

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4000.00