

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Chiropractic Association PAC

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

2. **FEC IDENTIFICATION NUMBER** C00102764  
**3. IS THIS REPORT**  NEW (N) **OR**  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 Quarterly 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 (12G)  
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 09 01 2006 through 09 30 2006

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 Dr Mario Spoto

Signature of Treasurer Electronically Filed by Dr Mario Spoto Date 10 16 2006

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**

Write or Type Committee Name  
American Chiropractic Association PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		45229.53
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	19959.12									
(c) Total Receipts (from Line 19) .....	36820.00	139341.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	56779.12	184571.03								
7. Total Disbursements (from Line 31) .....	44500.00	172291.91								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	12279.12	12279.12								
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**

Write or Type Committee Name  
American Chiropractic Association PAC

Report Covering the Period: From: 

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	20395.00	63455.00
(i) Itemized (use Schedule A) .....	16425.00	75886.50
(ii) Unitemized .....	36820.00	139341.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	36820.00	139341.50
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 Transfer (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)) .....	36820.00	139341.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	36820.00	139341.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	27618.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	27618.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	44500.00	143750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	923.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	44500.00	172291.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	44500.00	172291.91

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	36820.00	139341.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	36820.00	139341.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	27618.91
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	27618.91

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 47
	<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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Alan L Lysyk Smith, , DC

Mailing Address 104 W Lincoln Ave

City State Zip Code  
Fergus Falls MN 56537-2123

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 06 / 2006

**Transaction ID:** 24613098

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert David Wilson, , DC

Mailing Address 1214 N Major Dr

City State Zip Code  
Beaumont TX 77706-4003

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

**Transaction ID:** 24614720

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Joseph Conklin, , DC

Mailing Address 610 N James St

City State Zip Code  
Plainfield IL 60544-1523

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

**Transaction ID:** 24614726

Amount of Each Receipt this Period  
200.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 47
	<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 PAC

A. Full Name (Last, First, Middle Initial) Dr. Harold Brian Gillis, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address PO Box 628		Transaction ID: 24614727	
City State Zip Code Perry GA 31069-0628	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Self chiropractor	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B. Full Name (Last, First, Middle Initial) Dr. David B Bradley, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 620 W Harwood Rd		Transaction ID: 24614728	
City State Zip Code Hurst TX 76054-3162	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Self Chiropractor	Aggregate Year-to-Date ▼ 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C. Full Name (Last, First, Middle Initial) Dr. Patrick J Landry, , DC, CCSP		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1929 Dailey Ave		Transaction ID: 24614734	
City State Zip Code Latrobe PA 15650-3087	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Self Chiropractor	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1050.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 47
	<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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Shawn Isdale, , DC

Mailing Address PO Box 10460

City State Zip Code  
Killeen TX 76547-0460

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

Name of Employer Occupation  
Isdale Chiropractic Clinic Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

Transaction ID: 24614735

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. James M Branch, , DC, CCSP

Mailing Address 4688 Common St

City State Zip Code  
Lake Charles LA 70607-5724

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

Name of Employer Occupation  
Self Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

Transaction ID: 24614741

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Randall Eldridge, , DC

Mailing Address 7007 E Hampden Ave

City State Zip Code  
Denver CO 80224-3011

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

Name of Employer Occupation  
Self Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

Transaction ID: 24614749

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>550.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. F Dow Bates, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 621 Euclid Ave		<b>Transaction ID:</b> 24614766	
City State Zip Code Des Moines IA 50313-4111	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Amy Brumlow		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 200 E Roosevelt Rd PMB 117		<b>Transaction ID:</b> 24614773	
City State Zip Code Lombard IL 60148-4539	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Daniel R Staight, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 223 S Kenwood St		<b>Transaction ID:</b> 24614777	
City State Zip Code Casper WY 82601-3030	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 340.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	520.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. James J Badge, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 5658 N 19th Ave		<b>Transaction ID:</b> 24614780	
City State Zip Code Phoenix AZ 85015-2403	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Rick A McMichael, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 3945 Fulton Dr NW		<b>Transaction ID:</b> 24614784	
City State Zip Code Canton OH 44718-3042	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) <b>C.</b> John R O'Connor, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 16771 Middlebelt Rd		<b>Transaction ID:</b> 24614788	
City State Zip Code Livonia MI 48154-3317	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	290.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Craig F Buhler, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 447 N 300 W Ste 5		<b>Transaction ID:</b> 24614796	
City State Zip Code Kaysville UT 84037-4203	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Gregory T. Cesul, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 28780 John R Rd		<b>Transaction ID:</b> 24614812	
City State Zip Code Madison Hts MI 48071-2800	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Jeff Kromolicki, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 8915 Mitchell Blvd		<b>Transaction ID:</b> 24614814	
City State Zip Code Trinity FL 34655-4408	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	390.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Kevin J Davis, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 102 N 5th St		<b>Transaction ID:</b> 24614816	
City State Zip Code Ponca City OK 74601-4535	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Chiropractor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. J Michael Flynn, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 6902 W Main St		<b>Transaction ID:</b> 24614827	
City State Zip Code Houma LA 70360-2455	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Chiropractor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Mark K Walker, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 3600 Prytania St Ste 26		<b>Transaction ID:</b> 24614857	
City State Zip Code New Orleans LA 70115-3652	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Self Occupation Chiropractor			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 47
	<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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. H Keith Garrett, , DC

Mailing Address PO Box 969

City State Zip Code  
Killen AL 35645-0969

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 ▼  
1700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

Transaction ID: 24614858

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Cherie Johnson, , DC

Mailing Address 6930 Cahaba Valley Rd Ste 102

City State Zip Code  
Birmingham AL 35242-2673

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

Transaction ID: 24614859

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael L Turner, , DC

Mailing Address PO Box 340

City State Zip Code  
Liberty KY 42539-0340

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 ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

Transaction ID: 24615112

Amount of Each Receipt this Period  
250.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 47
	<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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edwin P Roberts, , DC

Mailing Address 730 N New Warrington Rd

City State Zip Code  
Pensacola FL 32506-4247

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 ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 24615470**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Barbro Brost, , DC

Mailing Address 1421 Wayzata Blvd Ste 61

City State Zip Code  
Wayzata MN 55391-1939

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

Name of Employer The Brost Clinic Occupation Chiropractor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 24615472**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael F Nielsen, , DC

Mailing Address 2500 Dell Range Blvd

City State Zip Code  
Cheyenne WY 82009-5273

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 ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 24615766**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Wallace E. King, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 2401 S Washington St Ste E		<b>Transaction ID:</b> 24615769	
City State Zip Code Grand Forks ND 58201-6747	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Larry D Hirschy, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 801 Linden Ave		<b>Transaction ID:</b> 24615770	
City State Zip Code Chariton IA 50049-1835	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Steven A Gansen, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 210 N Meridian St Ste 1		<b>Transaction ID:</b> 24615771	
City State Zip Code Belle Plaine MN 56011-1828	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 47
	<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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Don Edwards Cole., DC

Mailing Address PO Box 607

City State Zip Code  
Cordova TN 38088-0607

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

**Transaction ID:** 24616428

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kirk L Henrichs., DC, CCSP

Mailing Address 1805 Avenue A

City State Zip Code  
Dodge City KS 67801-6401

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

**Transaction ID:** 24616616

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Gary W Barger., DC

Mailing Address 806B Plaza 66 Hwy 66S

City State Zip Code  
Kernersville NC 27284

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 ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
09 / 13 / 2006

**Transaction ID:** 24616617

Amount of Each Receipt this Period  
300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Jann Allen Fralicker, DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 835 Cesery Blvd		<b>Transaction ID:</b> 24616618	
City Jacksonville	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 32211-5605			
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Fredrick R Neal, DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 3949 Holcomb Bridge Rd Ste 201		<b>Transaction ID:</b> 24616722	
City Norcross	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30092-2208			
FEC ID number of contributing federal political committee. C			
Name of Employer Peachtree Corners Chiropractic Clinic	Occupation chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Thomas U Chasse, DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 262 Main St		<b>Transaction ID:</b> 24616723	
City Waterville	State ME	Amount of Each Receipt this Period 250.00	
Zip Code 04901-4857			
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Andy C Mann, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 13 / 2006	
Mailing Address 619 N Brindlee Mountain Pkwy		<b>Transaction ID:</b> 24616724	
City State Zip Code Arab AL 35016-1055	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Occupation Chiropractor	Aggregate Year-to-Date ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. H William Wolfson, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006	
Mailing Address 131 Parkway Dr N		<b>Transaction ID:</b> 24621927	
City State Zip Code Commack NY 11725-4908	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Occupation Chiropractor	Aggregate Year-to-Date ▼ 800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. David H. Pierson, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006	
Mailing Address 107 Eagles Rest Rd		<b>Transaction ID:</b> 24621928	
City State Zip Code Shelburne VT 05482-7624	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Occupation Chiropractor	Aggregate Year-to-Date ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Robert D Mastronardi, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 78 Post Rd		<b>Transaction ID:</b> 24621930	
City Warwick	State RI	Amount of Each Receipt this Period 150.00	
Zip Code 02888-1609			
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 290.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. James E Peterson, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 1105 E Foster Rd Ste F		<b>Transaction ID:</b> 24621931	
City Santa Maria	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 93455-6438			
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. William H Doggett, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 14 / 2006	
Mailing Address 3500 Comanche Rd NE Ste I		<b>Transaction ID:</b> 24621936	
City Albuquerque	State NM	Amount of Each Receipt this Period 400.00	
Zip Code 87107-4546			
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 20 / 47</span>
	(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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Audie George Klingler, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006	
Mailing Address 203 Greene St		<b>Transaction ID:</b> 24621939	
City State Zip Code Cumberland MD 21502-2877	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Al Norville, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006	
Mailing Address 1000 Lakeland Square Ext Ste 400		<b>Transaction ID:</b> 24621946	
City State Zip Code Flowood MS 39232-7621	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Angela Salcedo, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 14 / 2006	
Mailing Address 1712 I St NW Ste 505		<b>Transaction ID:</b> 24621947	
City State Zip Code Washington DC 20006-3731	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 400.00		

<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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 47
	(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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Lewis G Squires, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address PO Box 296 414 W Us Highway 10		Transaction ID: 24621952	
City Scottville	State MI	Zip Code 49454-9274	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Chiropractor Aggregate Year-to-Date ▼ 290.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Mark G Schweitzer, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 20 N Grand Ave Ste 6		Transaction ID: 24621955	
City Fort Thomas	State KY	Zip Code 41075-1755	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Chiropractor Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Michael J. Fiscella, , DC		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 420 Wilmington Ave		Transaction ID: 24621966	
City Saint Louis	State MO	Zip Code 63111-2442	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Gregory J Grochowski, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 1460 Industrial Park Ave		<b>Transaction ID:</b> 24621967	
City State Zip Code Redlands CA 92374-2892	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Eric Hawkins, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 2708 W 12th		<b>Transaction ID:</b> 24621968	
City State Zip Code Emporia KS 66801-6341	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Larry Nelson, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 2585 Channing Way		<b>Transaction ID:</b> 24621970	
City State Zip Code Idaho Falls ID 83404-7516	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 47		
	<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Gregg Hoogeveen, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 2206 Longo Dr Ste 208		<b>Transaction ID:</b> 24621976	
City State Zip Code Bellevue NE 68005-2977	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Ronald G Manoni, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 8 Locust Ave		<b>Transaction ID:</b> 24621980	
City State Zip Code Danbury CT 06810-6147	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Anthony R Galante, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 13 / 2006	
Mailing Address 2210 Huntington Dr N		<b>Transaction ID:</b> 24621992	
City State Zip Code Algonquin IL 60102-2741	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Randall R Shaffer, , DC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 1038 Kauffman Ave		Transaction ID: 24622016	
City State Zip Code Fairborn OH 45324-3815	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Glen A Heese, , DC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 2708 W 12th Ave		Transaction ID: 24622018	
City State Zip Code Emporia KS 66801-6341	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. George William Phillips, , DC		Date of Receipt M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 0 6	
Mailing Address 5600 Mahoning Ave Ste 202		Transaction ID: 24622019	
City State Zip Code Austintown OH 44515-2317	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 500.00		

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 47		
	<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ross Howard Weinberg, , DC

Mailing Address 2080 Old Bridge Rd Ste 201

City State Zip Code  
Woodbridge VA 22192-2491

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 24622091**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Donald T. Daniels, , DC

Mailing Address 2609 Rapids Dr

City State Zip Code  
Racine WI 53404-1741

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 24622097**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Daniel B Daniels, , DC

Mailing Address 2609 Rapids Dr

City State Zip Code  
Racine WI 53404-1741

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 ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 13 / 2006

**Transaction ID: 24622098**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Leo J Bronston, , DC, CCSP		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 1202 County Road Ph Ste 100		Transaction ID: 24655150	
City Onalaska	State WI	Zip Code 54650-8440	Amount of Each Receipt this Period 195.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Jolene E S Yoder, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 22 / 2006	
Mailing Address 1305 Wheatland Dr		Transaction ID: 24655153	
City Hutchinson	State KS	Zip Code 67502-5667	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Norman J. Gloekler, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 4239 Lake Ave		Transaction ID: 24672098	
City Ashtabula	State OH	Zip Code 44004-6844	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	695.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Samuel Keith Andrew, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 330 N 1st St		Transaction ID: 24672099	
City Albemarle	State NC	Zip Code 28001-3905	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Christopher A Carraway, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 2507 Neuse Blvd Ste A		Transaction ID: 24672107	
City New Bern	State NC	Zip Code 28562-3361	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Robert A Jarman, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 2 Lake Rd N		Transaction ID: 24672117	
City Great Neck	State NY	Zip Code 11020-1612	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	850.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 28 / 47
	(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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Timothy W Love, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address PO Box 1053		<b>Transaction ID:</b> 24672140	
City Concord	State NC	Zip Code 28026-1053	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Richard A Broeg, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address PO Box 1057		<b>Transaction ID:</b> 24672146	
City Florence	State KY	Zip Code 41022-1057	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Broeg Chiropractic Health Center	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Ralph C Bencivengo, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 1670 Whitehorse Hamilton Square Rd		<b>Transaction ID:</b> 24672151	
City Hamilton	State NJ	Zip Code 08690-3541	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 47						
	(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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Richard A Weinstein, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 523 Capitola Ave		<b>Transaction ID:</b> 24672154	
City State Zip Code Capitola CA 95010-2759	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Charles T Yang, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 4933 W Tuscarawas St		<b>Transaction ID:</b> 24672156	
City State Zip Code Canton OH 44708-5011	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Richard Schmitt, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 2824 Broadview Ter		<b>Transaction ID:</b> 24672157	
City State Zip Code Annapolis MD 21401-7233	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Michael J O'Keefe, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address Cedarbrook Bldg. 99 Taunton Blvd.		<b>Transaction ID:</b> 24672158	
City Medford	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 08055-9362			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Richard Manoni, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 465 Central Ave		<b>Transaction ID:</b> 24672165	
City Bethpage	State NY	Amount of Each Receipt this Period 200.00	
Zip Code 11714-3901			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Sarah Peterson, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 27 / 2006	
Mailing Address 5249 Duke St Ste 205		<b>Transaction ID:</b> 24672166	
City Alexandria	State VA	Amount of Each Receipt this Period 250.00	
Zip Code 22304-2907			
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self	Occupation chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Joel A Stutzman, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 27 / 2006	
Mailing Address 15 Industrial Blvd Ste 202		<b>Transaction ID:</b> 24672172	
City Paoli	State PA	Zip Code 19301-1608	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Brian R Hesser, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 3519 Foothills Rd		<b>Transaction ID:</b> 24683818	
City Las Cruces	State NM	Zip Code 88011-3640	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self	Occupation chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Brian K Wilson, , DC		Date of Receipt M M / D D / Y Y Y Y Y 09 / 29 / 2006	
Mailing Address 3601 S Broadway		<b>Transaction ID:</b> 24683819	
City Englewood	State CO	Zip Code 80113-3610	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer	Occupation Chiropractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 47
	<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 PAC

Full Name (Last, First, Middle Initial) <b>A.</b> Dr. Malcolm E Macdonald, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 6460 Coki Pt		<b>Transaction ID:</b> 24683820	
City State Zip Code St Thomas VI 00802-1805	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Tamara Kennard, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 8 Jesse Robbins Rd		<b>Transaction ID:</b> 24683850	
City State Zip Code Belfast ME 04915-7510	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Dr. Jeffrey N Shebovsky, , DC		Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2006	
Mailing Address 11364 S Orange Blossom Trl		<b>Transaction ID:</b> 24683853	
City State Zip Code Orlando FL 32837-9426	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Self Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Chiropractor Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	700.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 47
	(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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Max A. Swim, , DC

Mailing Address 206 S 1st St

City State Zip Code  
Hiawatha KS 66434-2618

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 ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2006

**Transaction ID: 24688241**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Jacques, , DC

Mailing Address 3318 Bardstown Rd

City State Zip Code  
Louisville KY 40218-4602

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 27 / 2006

**Transaction ID: 24688244**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>350.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>20395.00</b>

**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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Jim Ramstad for Congress</b>		<b>Transaction ID: 24613351</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 2875 Towerview Road, Suite 1000		Amount of Each Disbursement this Period 1000.00
City Herndon State VA Zip Code 20171	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jim Ramstad		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>B. Hatch Election Committee Inc</b>		<b>Transaction ID: 24613815</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1000.00
City Salt Lake City State UT Zip Code 84101	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Orrin G. Hatch		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>C. Gene Green Congressional Campaign</b>		<b>Transaction ID: 24613355</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address PO Box 16128		Amount of Each Disbursement this Period 1000.00
City Houston State TX Zip Code 77222	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Gene Green		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Nathan Deal For Congress</b>		<b>Transaction ID: 24613376</b> Date of Disbursement 09 / 12 / 2006	
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 2000.00	
City Gainesville	State GA		Zip Code 30503
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Nathan Deal			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
State: GA District: 10			

Full Name (Last, First, Middle Initial) <b>B. Hastert For Congress Committee</b>		<b>Transaction ID: 24613348</b> Date of Disbursement 09 / 12 / 2006	
Mailing Address P. O. Box 625 PO Box 625		Amount of Each Disbursement this Period 1000.00	
City Batavia	State IL		Zip Code 60510
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. J. Dennis Hastert			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
State: IL District: 14			

Full Name (Last, First, Middle Initial) <b>C. Friends Of Roy Blunt</b>		<b>Transaction ID: 24613731</b> Date of Disbursement 09 / 12 / 2006	
Mailing Address PO Box 50100 PO Box 50100		Amount of Each Disbursement this Period 1000.00	
City Springfield	State MO		Zip Code 65805
Purpose of Disbursement			011 Category/ Type
Candidate Name Rep. Roy Blunt			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
State: MO District: 7			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

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<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Walsh For Congress Committee</b>		<b>Transaction ID: 24613362</b> Date of Disbursement 09 / 12 / 2006
Mailing Address 306 Winkworth Parkway		Amount of Each Disbursement this Period 1000.00
City Syracuse State NY Zip Code 13215	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. James Walsh		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>B. Jeb Bradley For Congress</b>		<b>Transaction ID: 24613350</b> Date of Disbursement 09 / 12 / 2006
Mailing Address 645 South Main Street		Amount of Each Disbursement this Period 1000.00
City Wolfeboro State NH Zip Code 03894	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Jeb Bradley		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>C. Dreier For Congress</b>		<b>Transaction ID: 24613792</b> Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. Box 505		Amount of Each Disbursement this Period 1000.00
City Upland State CA Zip Code 91785	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David Dreier		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 26	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

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<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Johnson For Congress Committee</b>		Transaction ID: 24621037 Date of Disbursement 09 / 13 / 2006
Mailing Address P.O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Nancy L. Johnson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio

Full Name (Last, First, Middle Initial) <b>B. Bob Filner For Congress</b>		Transaction ID: 24623280 Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 127868		Amount of Each Disbursement this Period 1000.00
City San Diego State CA Zip Code 92112	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Bob Filner	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio

Full Name (Last, First, Middle Initial) <b>C. Lucas For Congress</b>		Transaction ID: 24623385 Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 175765		Amount of Each Disbursement this Period 1000.00
City Covington State KY Zip Code 41017	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Kenneth Lucas	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Reynolds For Congress</b>		<b>Transaction ID: 24623380</b> Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 15388 Pittsford		Amount of Each Disbursement this Period 1000.00
City Rochester State NY Zip Code 14615	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Thomas Reynolds		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 27	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>B. Simmons For Congress</b>		<b>Transaction ID: 24623372</b> Date of Disbursement 09 / 15 / 2006
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 2000.00
City Stonington State CT Zip Code 06378	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Rob Simmons		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>C. Hawkeye PAC</b>		<b>Transaction ID: 24623279</b> Date of Disbursement 09 / 15 / 2006
Mailing Address PO Box 7255		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50309	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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)

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<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Pete King For Congress Committee</b>		<b>Transaction ID: 24623285</b>	
Mailing Address Post Office Box 1428		Date of Disbursement 09 / 15 / 2006	
City Seaford	State NY	Zip Code 11783	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Peter King			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
State: NY District: 3			

Full Name (Last, First, Middle Initial) <b>B. TRUST PAC</b>		<b>Transaction ID: 24623286</b>	
Mailing Address 104 Hume Avenue		Date of Disbursement 09 / 15 / 2006	
City Alexandria	State VA	Zip Code 22301	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Friends Of Cliff Stearns</b>		<b>Transaction ID: 24629278</b>	
Mailing Address PO Box 308		Date of Disbursement 09 / 18 / 2006	
City Silver Springs	State FL	Zip Code 34489	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Cliff Stearns			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		
State: FL District: 6			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. People Who Support Jeff Bingaman</b>		<b>Transaction ID:</b> 24629179 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 236 Massachusetts Avenue, NW Suite 202		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Jeff Bingaman		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	
State: NM District: 2		

Full Name (Last, First, Middle Initial) <b>B. Jd Hayworth For Congress</b>		<b>Transaction ID:</b> 24629225 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 14300 N. Northsight Blvd. #105		Amount of Each Disbursement this Period 1000.00
City Scottsdale State AZ Zip Code 85260	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. J.D. Hayworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	
State: AZ District: 5		

Full Name (Last, First, Middle Initial) <b>C. Friends of Israel</b>		<b>Transaction ID:</b> 24629205 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 15 Ormond St		Amount of Each Disbursement this Period 1000.00
City Dix Hills State NY Zip Code 11746	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Congressman Steve Israel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	
State: NY District: 2		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Thelma Drake For Congress</b>		Transaction ID: 24629247 Date of Disbursement 09 / 18 / 2006	
Mailing Address P.O. Box 61480		Amount of Each Disbursement this Period 1000.00	
City Virginia Beach State VA Zip Code 23466	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Thelma Drake	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

Full Name (Last, First, Middle Initial) <b>B. Snowe For Senate</b>		Transaction ID: 24628902 Date of Disbursement 09 / 18 / 2006	
Mailing Address P.O. Box 2006		Amount of Each Disbursement this Period 1000.00	
City Portland State ME Zip Code 04104	Purpose of Disbursement 011 Category/ Type	Candidate Name Sen. Olympia Snowe	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

Full Name (Last, First, Middle Initial) <b>C. Friends Of Phil Hare</b>		Transaction ID: 24629219 Date of Disbursement 09 / 18 / 2006	
Mailing Address PO Box 4183		Amount of Each Disbursement this Period 1000.00	
City Rock Island State IL Zip Code 61204	Purpose of Disbursement 011 Category/ Type	Candidate Name Mr. Philip Hare	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Congressman Waxman Campaign Committee</b>		<b>Transaction ID: 24629227</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 6380 Wilshire Blvd. #1612		Amount of Each Disbursement this Period 1000.00
City Los Angeles State CA Zip Code 90048		
Purpose of Disbursement Candidate Name Rep. Henry Waxman Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

Full Name (Last, First, Middle Initial) <b>B. Fitzpatrick For Congress</b>		<b>Transaction ID: 24629295</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 8 / 2 0 0 6
Mailing Address 115 N Broad Street		Amount of Each Disbursement this Period 1000.00
City Doylestown State PA Zip Code 18901		
Purpose of Disbursement Candidate Name Rep. Michael Fitzpatrick Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 8 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

Full Name (Last, First, Middle Initial) <b>C. Jim Gerlach For Congress Committee</b>		<b>Transaction ID: 24640147</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 9 / 2 0 0 6
Mailing Address 911 Welsh Ayres Way		Amount of Each Disbursement this Period 1000.00
City Downingtown State PA Zip Code 19335		
Purpose of Disbursement Candidate Name Mr. Jim Gerlach Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 6 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3000.00</b>
<b>TOTAL</b> 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)

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<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Putnam For Congress</b>		<b>Transaction ID:</b> 24655180 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address Post Office Box 2257		Amount of Each Disbursement this Period 1000.00
City State Zip Code Bartow FL 33831	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Adam Putnam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>B. Congressman Bart Gordon Committee</b>		<b>Transaction ID:</b> 24655321 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 2008		Amount of Each Disbursement this Period 1000.00
City State Zip Code Murfreesboro TN 37133	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Bart Gordon		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>C. Heather Wilson For Congress</b>		<b>Transaction ID:</b> 24655332 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 14070 P.O. Box 14070		Amount of Each Disbursement this Period 1000.00
City State Zip Code Albuquerque NM 87191	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Blue Dog PAC</b>		<b>Transaction ID:</b> 24655169 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 236 Massachusetts Ave, NE Suite 508		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Mike Thompson For Congress</b>		<b>Transaction ID:</b> 24655334 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address 5429 Madison Avenue		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95841		
Purpose of Disbursement	011 Category/Type	
Candidate Name Mr. C Michael Thompson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>C. Lee Terry For Congress</b>		<b>Transaction ID:</b> 24655178 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 540098		Amount of Each Disbursement this Period 1000.00
City Omaha State NE Zip Code 68154		
Purpose of Disbursement	011 Category/Type	
Candidate Name Lee Terry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Nathan Deal For Congress</b>		<b>Transaction ID: 24655790</b> Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 902 PO Box 902		Amount of Each Disbursement this Period 1000.00
City Gainesville State GA Zip Code 30503	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>B. Norwood For Congress</b>		<b>Transaction ID: 24655176</b> Date of Disbursement 09 / 22 / 2006
Mailing Address PO Box 499 PO Box 499		Amount of Each Disbursement this Period 1000.00
City Evans State GA Zip Code 30809	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charlie Norwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

Full Name (Last, First, Middle Initial) <b>C. Moran For Kansas</b>		<b>Transaction ID: 24655327</b> Date of Disbursement 09 / 22 / 2006
Mailing Address P.O. Box 1151		Amount of Each Disbursement this Period 1000.00
City Hays State KS Zip Code 67601	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Jerry Moran		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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)

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<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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Mike Rogers For Congress</b>		Transaction ID: 24655340 Date of Disbursement 09 / 22 / 2006	
Mailing Address 123 East 13th Street		Amount of Each Disbursement this Period 1000.00	
City Anniston State AL Zip Code 36201	Purpose of Disbursement 011 Category/Type	Candidate Name Rep. Michael Dennis Rogers	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	Amount of Each Disbursement this Period 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Committee To Elect Mchugh</b>		Transaction ID: 24655185 Date of Disbursement 09 / 22 / 2006	
Mailing Address 228 S. Washington St. Ste. 340 PO Box 70052		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 011 Category/Type	Candidate Name Rep. John McHugh	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	Amount of Each Disbursement this Period 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Tom Allen For Congress Committee</b>		Transaction ID: 24655172 Date of Disbursement 09 / 22 / 2006	
Mailing Address P.O. Box 17766		Amount of Each Disbursement this Period 1000.00	
City Portland State ME Zip Code 04112	Purpose of Disbursement 011 Category/Type	Candidate Name Rep. Thomas Allen	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio	Amount of Each Disbursement this Period 1000.00	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) <b>A. Chet Edwards For Congress</b>		<b>Transaction ID: 24655423</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 2 / 2 0 0 6	
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 1000.00	
City Waco State TX Zip Code 76702	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Chet Edwards			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

Full Name (Last, First, Middle Initial) <b>B. Hatch Election Committee Inc</b>		<b>Transaction ID: 24672169</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6	
Mailing Address 175 South West Temple Suite 650		Amount of Each Disbursement this Period 1000.00	
City Salt Lake City State UT Zip Code 84101	Purpose of Disbursement 011 Category/ Type		
Candidate Name Sen. Orrin G. Hatch			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

Full Name (Last, First, Middle Initial) <b>C. Boswell For Congress</b>		<b>Transaction ID: 24672160</b> Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 7 / 2 0 0 6	
Mailing Address PO Box 6220		Amount of Each Disbursement this Period 1000.00	
City Des Moines State IA Zip Code 50309	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Leonard L. Boswell			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General Electio		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	44500.00