

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 8	
	<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)
INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Reed, Paul A.		Date of Receipt 03 / 03 / 2011
Mailing Address 13712 NE 20th Avenue		Amount of Each Receipt this Period \$300.00
City Vancouver	State Zip Code WA 98686	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$300.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation	Aggregate Year-to-Date ▼ \$300.00	

Full Name (Last, First, Middle Initial) B. Ribley, Charles E.		Date of Receipt 03 / 01 / 2011
Mailing Address 6736 Vista Del Lago Ave.		Amount of Each Receipt this Period \$300.00
City Land O Lakes	State Zip Code FL 34631	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$300.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation	Aggregate Year-to-Date ▼ \$300.00	

Full Name (Last, First, Middle Initial) C. Burgess, Jillana G.		Date of Receipt 03 / 01 / 2011
Mailing Address 315 W. Washington Street		Amount of Each Receipt this Period \$500.00
City Artesia	State Zip Code NM 88210	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$500.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation	Aggregate Year-to-Date ▼ \$500.00	

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

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