

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

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

FOR LINE NUMBER: PAGE 26 OF 56

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

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

**A. Lemuel, Brandon, R, , DC**

Mailing Address 301 Maple Ave W Ste 515

City  
Vienna

State  
VA

Zip Code  
22180

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
Chiropractor

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : C3979328**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Lindmier, Monte, , ,**

Mailing Address PO Box 129

City  
Hulett

State  
WY

Zip Code  
82720

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
Chiropractor

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : C3979345**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Losack, Mark, C Losack Dc Fic, ,**

Mailing Address 4675 Spinnaker Bay Ct

City  
Oceanside

State  
CA

Zip Code  
92057

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
Chiropractor

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 11 / 2019

**Transaction ID : C3979302**

Amount of Each Receipt this Period

25.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

175.00