

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 04 01 2010 through 04 30 2010

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 Michael Simone

Signature of Treasurer Electronically Filed by Dr Michael Simone Date 05 18 2010

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Chiropractic Association PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		32721.98
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	30255.27									
(c) Total Receipts (from Line 19)	6585.93	59619.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	36841.20	92341.20								
7. Total Disbursements (from Line 31)	5500.00	61000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31341.20	31341.20								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1735.00	15997.50
(ii) Unitemized	3850.93	37621.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5585.93	53619.22
(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)	5585.93	53619.22
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	1000.00	6000.00
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))	6585.93	59619.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6585.93	59619.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	61000.00
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	0.00
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))..	5500.00	61000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	61000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	5585.93	53619.22
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5585.93	53619.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 17
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A.	Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign		Date of Receipt
	Mailing Address PO Box 3662		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Seattle	WA	98199
	FEC ID number of contributing federal political committee.		<input type="text" value="C00257642"/>
	Name of Employer		Occupation
Receipt For: 2010		Aggregate Year-to-Date ▼	Transaction ID: 31574692
<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼			Amount of Each Receipt this Period
			<input type="text" value="1000.00"/>
			Refund of Contribution by Sen. Murray campaign

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="1000.00"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 17

(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 D Dunn, DC

Mailing Address 820 Canton Rd

City Akron State OH Zip Code 44312-3370

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
04 / 16 / 2010

Transaction ID: 31642000

Amount of Each Receipt this Period 50.00

B.

Full Name (Last, First, Middle Initial)
Dr Randy R Hinze, DC

Mailing Address 2421 23rd St

City Columbus State NE Zip Code 68601-3305

FEC ID number of contributing federal political committee. C

Name of Employer self Occupation Chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
04 / 16 / 2010

Transaction ID: 31642001

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Dr Laverne E. Saboe, DC

Mailing Address 4410 NE Fremont Street

City Portland State OR Zip Code 97213-1154

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
04 / 16 / 2010

Transaction ID: 31642019

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 17
(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 Richard Craft, DC

Mailing Address 38 North Main Street

City Ellenville State NY Zip Code 12428-1017

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
 0 4 / 1 3 / 2 0 1 0

Transaction ID: 31701031

Amount of Each Receipt this Period
 62.50

B.

Full Name (Last, First, Middle Initial)
Dr James P Powell, DC

Mailing Address 4867 Munson St NW

City Canton State OH Zip Code 44718-3614

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

Name of Employer Powell Chiropractic, Inc. 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
 0 4 / 1 3 / 2 0 1 0

Transaction ID: 31701033

Amount of Each Receipt this Period
 62.50

C.

Full Name (Last, First, Middle Initial)
Dr Randy R Hinze, DC

Mailing Address 2421 23rd St

City Columbus State NE Zip Code 68601-3305

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

Name of Employer self 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
 0 4 / 1 3 / 2 0 1 0

Transaction ID: 31701061

Amount of Each Receipt this Period
 62.50

SUBTOTAL of Receipts This Page (optional) ► **187.50**

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

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

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

FOR LINE NUMBER: PAGE 9 / 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Robert Torgimson, DC
 Mailing Address 1320 Kenwood Avenue
 City State Zip Code
 Duluth MN 55811-2342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Chiropractor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 1 0
Transaction ID: 31701068
 Amount of Each Receipt this Period
 62.50

B. Full Name (Last, First, Middle Initial)
Dr Craig Newman, DC
 Mailing Address 3305 W Kennedy Blvd
 City State Zip Code
 Tampa FL 33609-2903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 self Chiropractor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 1 0
Transaction ID: 31701072
 Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
Dr Mark R Craft, DC
 Mailing Address 38 North Main Street
 City State Zip Code
 Ellenville NY 12428-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self Chiropractor
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 4 / 1 3 / 2 0 1 0
Transaction ID: 31701083
 Amount of Each Receipt this Period
 62.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 17

(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 Kelli K Pearson, DC

Mailing Address 1410 N Mullan Rd Ste 200

City State Zip Code
Spokane Valley WA 99206-4046

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

Name of Employer self Occupation
Chiropractor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 3 / 2 0 1 0

Transaction ID: 31701084

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Dr Mathias Pastore, DC

Mailing Address 12300 Bermuda Crossroad Ln

City State Zip Code
Chester VA 23831-2352

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
0 4 / 1 3 / 2 0 1 0

Transaction ID: 31701100

Amount of Each Receipt this Period

62.50

C.

Full Name (Last, First, Middle Initial)
Dr D Dunn, DC

Mailing Address 820 Canton Rd

City State Zip Code
Akron OH 44312-3370

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
0 4 / 1 3 / 2 0 1 0

Transaction ID: 31701111

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

212.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 17
(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 Casey J Iverson, DC

Mailing Address PO Box 2371

City State Zip Code
Grand Island NE 68802-2371

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
04 / 13 / 2010

Transaction ID: 31701117

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr Edwin Davis, DC

Mailing Address 391 S 1st St

City State Zip Code
Jesup GA 31545-1132

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
04 / 13 / 2010

Transaction ID: 31701121

Amount of Each Receipt this Period
62.50

C. Full Name (Last, First, Middle Initial)
Dr N Ray Tuck, Jr, DC

Mailing Address PO Box 1463

City State Zip Code
Christiansburg VA 24068-1463

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
04 / 13 / 2010

Transaction ID: 31701136

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **262.50**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 17
(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 Robert E Bachelder, DC

Mailing Address 1182 Township Road 1175

City Ashland State OH Zip Code 44805-1977

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 04 / 13 / 2010

Transaction ID: 31701137

Amount of Each Receipt this Period 62.50

B. Full Name (Last, First, Middle Initial)
Dr Matthew A Nardone, DC

Mailing Address 117-B Three Springs Dr

City Weirton State WV Zip Code 26062-3827

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 04 / 13 / 2010

Transaction ID: 31701140

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Dr Marcos J Arraiza, DC

Mailing Address 51 Trina Padilla De Sanz

City Arecibo State PR Zip Code 00613

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 04 / 13 / 2010

Transaction ID: 31701150

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) ► 262.50

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A. Full Name (Last, First, Middle Initial)
Dr Paul C Ciatto, DC

Mailing Address 1620 Towne Center Route 22

City State Zip Code
Brewster NY 10509

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
04 / 13 / 2010

Transaction ID: 31701169

Amount of Each Receipt this Period 62.50

B. Full Name (Last, First, Middle Initial)
Dr Anthony T Hardnett, DC

Mailing Address 683 Old Mill Road

City State Zip Code
Millersville MD 21108-1326

FEC ID number of contributing federal political committee. C

Name of Employer self employed Occupation
chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
04 / 13 / 2010

Transaction ID: 31701171

Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Ms Kathryn M Decker

Mailing Address 4332 Fairmount Ave

City State Zip Code
Kansas City MO 64111-4352

FEC ID number of contributing federal political committee. C

Name of Employer self employed Occupation
chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 620.00

Date of Receipt M M / D D / Y Y Y Y
04 / 13 / 2010

Transaction ID: 31701177

Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional) 172.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 17
(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 John Caraway, DC

Mailing Address 1200 Enterprise Blvd

City State Zip Code
Lake Charles LA 70601-6322

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
04 / 13 / 2010

Transaction ID: 31701178

Amount of Each Receipt this Period
62.50

B.

Full Name (Last, First, Middle Initial)
Dr Randy R Hinze, DC

Mailing Address 2421 23rd St

City State Zip Code
Columbus NE 68601-3305

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 ▼ 450.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2010

Transaction ID: 31723512

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Dr William L Reilly, DC

Mailing Address 727 E Lincoln Ave

City State Zip Code
Myerstown PA 17067-2248

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

Name of Employer self employed Occupation chiropractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
04 / 30 / 2010

Transaction ID: 31723706

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► **162.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 15 / 17	
	(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"/> 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 Laverne E. Saboe, DC		Date of Receipt	
	Mailing Address 4410 NE Fremont Street		M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 1 0	
	City	State	Zip Code	Transaction ID: 31723709
	Portland	OR	97213-1154	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		C	100.00
	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		

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	1735.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

A.	Full Name (Last, First, Middle Initial) Friends For Harry Reid		Transaction ID: 31584056																					
	Mailing Address 426 C Street, NE Rear Building		Date of Disbursement																					
	City Washington State DC Zip Code 20002		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	2		2	0	1	0														
	Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name Sen. Harry Reid		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																			
011																								
Category/ Type																								
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

500.00

B.	Full Name (Last, First, Middle Initial) Nodler For Congress		Transaction ID: 31584057																					
	Mailing Address PO Box 14710		Date of Disbursement																					
	City Springfield State MO Zip Code 65814		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	2		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	2		2	0	1	0														
	Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name Mr. Gary Nodler		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																			
011																								
Category/ Type																								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 07		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

500.00

C.	Full Name (Last, First, Middle Initial) Bob Filner For Congress		Transaction ID: 31656578																					
	Mailing Address P.O. Box 127868		Date of Disbursement																					
	City San Diego State CA Zip Code 92112		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	9		2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		1	9		2	0	1	0														
	Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name Rep. Bob Filner		<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>		011	Category/ Type																			
011																								
Category/ Type																								
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51		Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						

1500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

<p>A. Full Name (Last, First, Middle Initial) Zack Space For Congress Committee</p> <p>Mailing Address 726 Sixteenth Street Ne</p> <p>City Massillon State OH Zip Code 44646</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Zachary Space</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 18</p>	<p>Transaction ID: 31674903 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	7	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	7	/	2	0	1	0													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) Committee To Elect Chris Murphy</p> <p>Mailing Address P.O. Box 127</p> <p>City Cheshire State CT Zip Code 06410</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Chris Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2010 Pre-Convention</p> <p>State: CT District: 05</p>	<p>Transaction ID: 31674904 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	7	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	7	/	2	0	1	0													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) Stabenow for Senate</p> <p>Mailing Address PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Debbie Stabenow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MI District:</p>	<p>Transaction ID: 31674906 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4	/	2	7	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4	/	2	7	/	2	0	1	0													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

5500.00