

**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 1 OF 1	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**International Chiropractors Association Political Action Committee**

**A.** Full Name (Last, First, Middle Initial)  
**Walsemann, Gary L.**

Mailing Address  
**39 Myrtle Street**

City **Claremont** State **NH** Zip Code **03743**

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

Name of Employer **self-employed** Occupation **chiropractor**

Receipt For:  
 Primary  General  
 Other (specify) **donation to committee**

Aggregate Year-to-Date **\$1,000.00**

Date of Receipt  
**07 / 02 / 2007**

Amount of Each Receipt this Period  
**\$1,000.00**

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

**\$1,000.00**

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