

**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

CITY

STATE

ZIP CODE

C00102764

3. IS THIS REPORT

X

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 (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

12

02

2004

in the State of

5. Covering Period

10

14

2004

through

11

22

2004

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

12

02

2004

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. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
 American Chiropractic Association PAC

Report Covering the Period: From: ^M 10 ^D 14 ^Y 2004 To: ^M 11 ^D 22 ^Y 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2004 ^Y		40871.92
(b) Cash on Hand at Beginning of Reporting Period	28125.18	
(c) Total Receipts (from Line 19)	33684.92	180868.24
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61810.10	221740.16
<hr/>		
7. Total Disbursements (from Line 31)	32673.50	192603.56
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	29136.60	29136.60
<hr/>		
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**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Chiropractic Association PAC

Report Covering the Period: From: ^M10 ^D14 ^Y2004 To: ^M11 ^D22 ^Y2004

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)	11696.67	
(ii) Unitemized	21988.25	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	33684.92	180868.24
(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)	33684.92	180868.24
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))	33684.92	180868.24
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	33684.92	180868.24

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	31673.50	182013.56
24. Independent Expenditure (use Schedule E).....	0.00	4590.00
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.....	1000.00	6000.00
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 ActMty (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))..	32673.50	192603.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	32673.50	192603.56

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	33684.92	180868.24
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	33684.92	180868.24
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name (Last, First, Middle Initial) A. Dr. Sandra J Carrell, DC		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 7201 Broadway St Ste 200		Transaction ID: 20388861
City	State	Zip Code
San Antonio	TX	78209-3772
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 175.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
Chiropractor	Chiropractor	
Receipt For: Primary General Other (specify) ▼	275.00	

Full Name (Last, First, Middle Initial) B. Dr. Carl H Heigl, DC		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 3343 Douglas Ave		Transaction ID: 20388895
City	State	Zip Code
Racine	WI	53402-3749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
Chiropractor	Chiropractor	
Receipt For: Primary General Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) C. Dr. Maria Conley, DC		Date of Receipt M / D / Y 10 / 14 / 2004
Mailing Address 1486 S 1st Ave Ste B		Transaction ID: 20388864
City	State	Zip Code
Iowa City	IA	52240-6072
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Conley Chiropractic	Occupation	Aggregate Year-to-Date ▼
Chiropractor	Chiropractor	
Receipt For: Primary General Other (specify) ▼	391.25	

SUBTOTAL of Receipts TNs Page (optional)	▶	525.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(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) A. Dr. Donald E Bonney, DC		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 10200 Corrales Rd NW Ste D1		Transaction ID: 20434241
City	State	Zip Code
Albuquerque	NM	87114-9208
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
Chiropractor	Chiropractor	
Receipt For: Primary General Other (specify) ▼		450.00

Full Name (Last, First, Middle Initial) B. Dr. Lawrence E Grusky, DC		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 11400 N Kendall Dr Ste 100		Transaction ID: 20435646
City	State	Zip Code
Miami	FL	33176-1029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
Chiropractor	Chiropractor	
Receipt For: Primary General Other (specify) ▼		350.00

Full Name (Last, First, Middle Initial) C. Dr. P Reginald Hug, DC		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 717 Heatherwood Dr		Transaction ID: 20434555
City	State	Zip Code
Birmingham	AL	35244-2282
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation	Aggregate Year-to-Date ▼
Chiropractor	Chiropractor	
Receipt For: Primary General Other (specify) ▼		600.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(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) A. Dr. HWilliam Wolfson, , DC		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 131 Parkway Dr N		Transaction ID: 20436638
City Commack	State NY	Zip Code 11725-4808
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 751.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Michael D Funk, , DC		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 1030 Court St		Transaction ID: 20434557
City Pekin	State IL	Zip Code 61554-4806
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Craig A. Newman, , DC		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 3305 W Kennedy Blvd		Transaction ID: 20435123
City Tampa	State FL	Zip Code 33609-2503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 9 / 37
(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

Full Name (Last, First, Middle Initial) A. Dr. Alice Burkhat Mayer, DC		Date of Receipt M / D / Y 10 / 20 / 2004
Mailing Address 4818 Spruce St		Transaction ID: 20434760
City Philadelphia	State PA	Zip Code 19139-4225
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 325.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. James L Rehberger, DC		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 1000 Zschokke St		Transaction ID: 20462528
City Highland	State IL	Zip Code 62249-1692
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 875.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Joseph Corlino, DC		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 610 N James St		Transaction ID: 20462405
City Plainfield	State IL	Zip Code 60544-1523
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	555.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Elizabeth Roth, DC		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 3214 S Wadsworth Blvd Unit B		Transaction ID: 20462433
City Lakewood	State CO	Zip Code 80227-5012
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Donald J Krippendorf, DC		Date of Receipt M / D / Y 10 / 26 / 2004
Mailing Address 4641 Park St N		Transaction ID: 20462527
City St Petersburg	State FL	Zip Code 33709-4023
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Peter H Baehr, DC		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 391 W Johnson St		Transaction ID: 20468280
City Fond Du Lac	State WI	Zip Code 54935-5241
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Chiropractor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1100.00
TOTAL This Period (last page this line number only)	▶	

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(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) A. Dr. Chris R. Brown, DC		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address PD Box 478		Transaction ID: 20468177
City N Tazewell	State VA	Zip Code 24630-0476
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Paul Anastasio, DC		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 11 Pleasant Lake Ave		Transaction ID: 20468188
City Harwich	State MA	Zip Code 02645-2661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen V. Burton, DC		Date of Receipt M / D / Y 10 / 27 / 2004
Mailing Address 1243 W Lebanon St		Transaction ID: 20468222
City Mount Airy	State NC	Zip Code 27030-2227
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 365.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	715.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 12 / 37
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Dr. Pierre Dupuis, DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 416 E High St		Transaction ID: 20468266
City	State	Zip Code
Jefferson City	MO	65101-3215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Downtown Chiropractic	Occupation Chiropractor	Aggregate Year-to-Date ▼ 600.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Clyde W Eash, DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 748D Old Troy Pike		Transaction ID: 20468243
City	State	Zip Code
Huber Heights	OH	45424-2663
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Harry T Holmes, DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 4350 S Old Us Highway 23		Transaction ID: 20468213
City	State	Zip Code
Brighton	MI	48114-6604
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

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FOR LINE NUMBER: PAGE 13 / 37
(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

Full Name (Last, First, Middle Initial) A. Dr. Eugene R. Rothenberger, , DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address PD Box 564		Transaction ID: 20468262
City	State	Zip Code
Boyerstown	PA	19512-0564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Dannis Robertson, , DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 777 W Shaw Ave		Transaction ID: 20468254
City	State	Zip Code
Fresno	CA	93704-2302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 650.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Michael T Patty, . DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 10826 Kingston Pike		Transaction ID: 20468265
City	State	Zip Code
Knoxville	TN	37922-3059
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self	Occupation chiropractor	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts TN's Page (optional)	475.00
TOTAL This Period (last page this line number only)	

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

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FOR LINE NUMBER: PAGE 14 / 37
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial) A. Dr. James E Peterson, , DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 1105 E Foster Rd Ste F		Transaction ID: 20468215
City	State	Zip Code
Santa Maria	CA	93455-6438
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 255.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
Chiropractor	Chiropractor	
Receipt For: Primary General Other (specify) ▼		305.00

Full Name (Last, First, Middle Initial) B. Dr. Lawrence B Payne, , DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 7349 Burlington Pike		Transaction ID: 20468242
City	State	Zip Code
Florence	KY	41042-1509
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
Chiropractor	Chiropractor	
Receipt For: Primary General Other (specify) ▼		220.00

Full Name (Last, First, Middle Initial) C. Dr. Gerald Nichols, , DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address PO Box 1151		Transaction ID: 20468158
City	State	Zip Code
Ewart	MI	49631-1151
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼
chiropractor	chiropractor	
Receipt For: Primary General Other (specify) ▼		400.00

SUBTOTAL of Receipts This Page (optional)	▶	655.00
TOTAL 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 15 / 37
(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

Full Name (Last, First, Middle Initial) A. Dr. Edward L McKinney, , DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 2100 Radio Rd		Transaction ID: 20468221
City	State	Zip Code
Durant	OK	74701-2036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Chiropractor	400.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Austin J Noonan, , DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 8618 Germantown Ave		Transaction ID: 20468190
City	State	Zip Code
Philadelphia	PA	19118-2841
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation chiropractor	250.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. Michelle Greenspan, , DC		Date of Receipt M / D / Y Y Y Y 10 / 27 / 2004
Mailing Address 281 Asheland Ave		Transaction ID: 20468192
City	State	Zip Code
Asheville	NC	28801-4003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Chiropractor	500.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL 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 16 / 37
(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

Full Name (Last, First, Middle Initial) A. Dr. Michael P Wittig, DC		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address PD Box 339		Transaction ID: 20476257
City LedgeWOOD	State NJ	Zip Code 07852-0339
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer self	Occupation chiropractor	Aggregate Year-to-Date ▼ 225.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Daryl D Wilks, DC		Date of Receipt M / D / Y 11 / 03 / 2004
Mailing Address 1335 M St		Transaction ID: 20476253
City Gering	State NE	Zip Code 68341-2800
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 2250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. George Steven Bear, DC		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 2050 Cincinnati Dayton Rd		Transaction ID: 20500848
City Middletown	State OH	Zip Code 45044-8577
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Chiropractic Associates, Inc.	Occupation Chiropractor	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	425.00
TOTAL 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 17 / 37

(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) A. Dr. Kenneth Ackles, DC		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 3231 N Meridian St Ste 502		Transaction ID: 20500435
City Indianapolis	State IN	Zip Code 46208-4668
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Self-Employed	Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas Neil Sweigert, DC		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address PO Box 178		Transaction ID: 20500416
City Vincennes	State IN	Zip Code 47591-0178
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. John R Johnson, DC		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 107 Warner St		Transaction ID: 20500417
City Leesville	State LA	Zip Code 71448-2821
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 275.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	375.00
TOTAL 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 18 / 37

(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) A. Dr. Michael Spadafino, DC		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 281 Summerhill Rd Ste 102		Transaction ID: 20500397
City E Brunswick	State NJ	Zip Code 08816-4270
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 750.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Herbert K Moorman, DC		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 1825 Midvale Ave Apt 203		Transaction ID: 20500467
City Los Angeles	State CA	Zip Code 90025-4554
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Bruce R Turton, DC		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 1171 E Putnam Ave		Transaction ID: 20501129
City Riverside	State CT	Zip Code 06878-1428
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL 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 10 / 37
(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

Full Name (Last, First, Middle Initial) A. Dr. Dale G Dennis, DC		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 752 E Sarnia St		Transaction ID: 20500468
City	State	Zip Code
Winona	MN	55887-4564
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Anthony A DeCarlo, DC		Date of Receipt M / D / Y 11 / 04 / 2004
Mailing Address 164 London Shopping Ctr		Transaction ID: 20500832
City	State	Zip Code
London	KY	40741-3015
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Ronald P Bouffard, DC		Date of Receipt M / D / Y 11 / 10 / 2004
Mailing Address 18 West St		Transaction ID: 20534075
City	State	Zip Code
Boothbay Hbr	ME	04538-1849
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL 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 20 / 37

(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) A. Dr. Michael J. Cindrich, DC		Date of Receipt M / D / Y 11 / 10 / 2004	
Mailing Address 15 E 10th St		Transaction ID: 20534098	
City New York	State NY	Zip Code 10003-5830	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 400.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Karl David Clarkson, DC		Date of Receipt M / D / Y 11 / 10 / 2004	
Mailing Address 403 Howard St		Transaction ID: 20533025	
City Shinnston	State WV	Zip Code 26431-1106	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Ronald L. Gyphers, DC		Date of Receipt M / D / Y 11 / 10 / 2004	
Mailing Address 1144 Lexington Ave		Transaction ID: 20533023	
City Mansfield	State OH	Zip Code 44507-2287	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 250.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	450.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 37
(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

Full Name (Last, First, Middle Initial) A. Dr. Nicole Ganz, DC		Date of Receipt M / D / Y Y Y Y 11 / 10 / 2004
Mailing Address 10400 Connecticut Ave Ste 314		Transaction ID: 20533027
City	State	Zip Code
Kensington	MD	20895-3042
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 121.67
Name of Employer self	Occupation	Aggregate Year-to-Date ▼ 221.67
Receipt For: Primary General Other (specify) ▼	chiropractor	

Full Name (Last, First, Middle Initial) B. Dr. Michael G. Sweet, DC		Date of Receipt M / D / Y Y Y Y 11 / 10 / 2004
Mailing Address 7648 E State Road 252		Transaction ID: 20533073
City	State	Zip Code
Edinburgh	IN	46124-1094
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼ 800.00
Receipt For: Primary General Other (specify) ▼	Chiropractor	

Full Name (Last, First, Middle Initial) C. Dr. Scott G Johnson, DC		Date of Receipt M / D / Y Y Y Y 11 / 10 / 2004
Mailing Address 279 Main St		Transaction ID: 20533029
City	State	Zip Code
Chadron	NE	69337-2355
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼	Chiropractor	

SUBTOTAL of Receipts This Page (optional)	421.67
TOTAL 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 22 / 37
(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

Full Name (Last, First, Middle Initial) A. Dr. Diane Zully, DC		Date of Receipt M / D / Y 11 / 10 / 2004
Mailing Address 16 Railroad Ave		Transaction ID: 20533974
City Glen Head	State NY	Zip Code 11545-1858
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 300.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Thomas J West, DC		Date of Receipt M / D / Y 11 / 10 / 2004
Mailing Address PO Box 3933		Transaction ID: 20533972
City Ketchum	State ID	Zip Code 83340-3933
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 400.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Mary E Watkins, DC		Date of Receipt M / D / Y 11 / 10 / 2004
Mailing Address 981 Green St NE		Transaction ID: 20534097
City Gainesville	State GA	Zip Code 30501-2280
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	800.00
TOTAL 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 23 / 37

(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) A. Dr. Ciro F Scilingo, DC		Date of Receipt M / D / Y 11 / 10 / 2004
Mailing Address 510 Broadway Ste A		Transaction ID: 20533975
City Norwood	State NJ	Zip Code 07648-1304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 550.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Scott R Gilford, DC		Date of Receipt M / D / Y 11 / 10 / 2004
Mailing Address 13525 Midland Road Suite G		Transaction ID: 20533988
City Poway	State CA	Zip Code 92064-4771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 500.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Stephen Paul Melor, DC		Date of Receipt M / D / Y 11 / 10 / 2004
Mailing Address 54 Professional Plz		Transaction ID: 20533031
City Rexburg	State ID	Zip Code 83440-2068
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 385.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL 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 24 / 37

(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) A. Dr. Bruce A. Hilton, , DC		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 715 Fairgrove Church Rd Ste 101		Transaction ID: 20556885
City Conover	State NC	Zip Code 28613-8680
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 565.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dr. Mathias M Pastora, , DC		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 12300 Bermuda Crossroad Ln		Transaction ID: 20556883
City Chester	State VA	Zip Code 23831-2352
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 350.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dr. Edwin Faine Davis, , DC		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 391 S 1st St		Transaction ID: 20556888
City Jesup	State GA	Zip Code 31545-1132
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Chiropractor	Aggregate Year-to-Date ▼ 250.00
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL 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 25 / 37
(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

Full Name (Last, First, Middle Initial) A. Dr. Arthur Kellenberger, . DC		Date of Receipt M / D / Y 11 / 17 / 2004
Mailing Address 44 Pittstown Rd		Transaction ID: 20556867
City Clinton	State NJ	Zip Code 08809-1209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Chiropractor	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B. Dr. Brock Matthew Bowyer, . DC		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 226 W 38th St		Transaction ID: 20566644
City Scottsbluff	State NE	Zip Code 68361-4625
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Self	Occupation Chiropractor	700.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C. Dr. David L. Hartz, . DC		Date of Receipt M / D / Y 11 / 18 / 2004
Mailing Address 181D W Plaza Dr		Transaction ID: 20567071
City Tallahassee	State FL	Zip Code 32308-5361
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer self	Occupation Chiropractor	300.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	11696.67

**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)

PAGE 26 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)
A. Bob Filner For Congress

Mailing Address P.O. Box 127888

City San Diego State CA Zip Code 92112

Purpose of Disbursement

Candidate Name
Rep. Bob Filner

Office Sought: House
Senate
President
State: CA District 51

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20398275
Date of Disbursement

10 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Moore For Congress

Mailing Address PO Box 16031

City Shawnee Mission State KS Zip Code 66285

Purpose of Disbursement

Candidate Name
Mr. Dennis Moore

Office Sought: House
Senate
President
State: KS District 3

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20398277
Date of Disbursement

10 / 15 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. Mike Bilirakis For Congress

Mailing Address P O Box 1077

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

Candidate Name
Rep. Michael Bilirakis

Office Sought: House
Senate
President
State: FL District 9

Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20397153
Date of Disbursement

10 / 15 / 2004

Amount of Each Disbursement this Period

1000.00

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)

PAGE 27 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)
A. Committee To Reelect Congressman Chris Smith

Transaction ID: 20428529
Date of Disbursement

10 / 19 / 2004

Mailing Address P.O. Box 3184
P.O. Box 3184

Amount of Each Disbursement this Period

City Hamilton State NJ Zip Code 08619

1000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Christopher H. Smith

Office Sought: House
Senate
President
State: NJ District: 4
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

Full Name (Last, First, Middle Initial)
B. John D. Dingell For Congress Committee

Transaction ID: 20428746
Date of Disbursement

10 / 19 / 2004

Mailing Address 607 14th Street N.W.
Suite 800

Amount of Each Disbursement this Period

City Washington State DC Zip Code 20005

1000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. John Dingell

Office Sought: House
Senate
President
State: DC District: 16
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

Full Name (Last, First, Middle Initial)
C. Rely On Your Beliefs Fund

Transaction ID: 20430582
Date of Disbursement

10 / 19 / 2004

Mailing Address P.O. Box 5412

Amount of Each Disbursement this Period

City Arlington State VA Zip Code 22205

2000.00

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House
Senate
President
State: District
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

PAGE 28 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)
A. Friends Of Sherrad Brown

Mailing Address 607 14th Street N.W.
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name
Rep. Sherrad Brown

Office Sought: House Senate President
State: OH District: 13
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20428044
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)
B. Wyden for Senate

Mailing Address PO Box 3408

City Portland State OR Zip Code 97208

Purpose of Disbursement

Candidate Name
Ron Wyden

Office Sought: House Senate President
State: OR District: 1
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20428280
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. A Lot Of People Supporting Tom Daschle Inc

Mailing Address P O Box 1858

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement

Candidate Name
Sen. Tom Daschle

Office Sought: House Senate President
State: SD District: 1
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20428050
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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)

PAGE 29 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)
A. Johnson For Congress Committee

Mailing Address P.O. Box 1986

City New Britain State CT Zip Code 06050

Purpose of Disbursement

Candidate Name
Rep. Nancy L. Johnson

Office Sought: House Senate President
State: CT District 5

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20428604
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Friends Of Lane Evans Committee

Mailing Address PO Box 5263
1800 - 3rd Ave Room 308

City Rock Island State IL Zip Code 61204

Purpose of Disbursement

Candidate Name
Rep. Lane Evans

Office Sought: House Senate President
State: IL District 17

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20428406
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Ron Lewis For Congress

Mailing Address PO Box 307

City Elizabethtown State KY Zip Code 42702

Purpose of Disbursement

Candidate Name
Rep. Ron Lewis

Office Sought: House Senate President
State: KY District 2

Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20428762
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

PAGE 30 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)
A. Lisa Murkowski - U S Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

Candidate Name
Lisa Murkowski

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: AK District 2 2004 General

011
Category/
Type

Transaction ID: 20428160
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Russ Camahan For Congress Committee

Mailing Address 7370 Manchester Rd Ste 20

City St. Louis State MO Zip Code 63143

Purpose of Disbursement

Candidate Name
Russ Camahan

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: MO District 3 2004 General

011
Category/
Type

Transaction ID: 20428941
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Geoff Davis For Congress

Mailing Address 3181 Dixie Highway
Suite F

City Erlanger State KY Zip Code 41018

Purpose of Disbursement

Candidate Name
Geoffrey Davis

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: KY District 4 2004 General

011
Category/
Type

Transaction ID: 20429535
Date of Disbursement

10 / 19 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

PAGE 31 / 37

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<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)
A. American Chiropractic Association

Mailing Address 1701 Clarendon Blvd.

City Arlington State VA Zip Code 22209

Purpose of Disbursement

Candidate Name
Sen. Tom Harkin

Office Sought: House Disbursement For: 2008
 Senate Primary General
 President
 Other (specify) ▼
 State: IA District 2 2008 General Electio

011
Category/
Type

Transaction ID: 20433148
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

1173.50

Full Name (Last, First, Middle Initial)
B. Christopher Shays For Congress Committee

Mailing Address 88 East Avenue Rear Building
98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

Candidate Name
Rep. Christopher Shays

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: CT District 4 2004 General

011
Category/
Type

Transaction ID: 20435145
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Christopher Shays For Congress Committee

Mailing Address 88 East Avenue Rear Building
98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement

Void - Christopher Shays For Congress Co

Candidate Name
Rep. Christopher Shays

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: CT District 4 2004 General

011
Category/
Type

Transaction ID: 20438246
Date of Disbursement

10 / 20 / 2004

Amount of Each Disbursement this Period

-500.00

Void - Christopher Shays
For Congress Committee

SUBTOTAL of Disbursements This Page (optional) ▶

1673.50

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)

PAGE 32 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)
A. Jim Gerlach For Congress Committee

Mailing Address 911 Welsh Ayres Way

City State Zip Code
Downingtown PA 19335

Purpose of Disbursement

Candidate Name
Mr. Jim Gerlach

Office Sought: House Senate President
State: PA District: 6
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20463280

Date of Disbursement

10 / 26 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Blue Dog PAC

Mailing Address 442 New Jersey Ave, SE

City State Zip Code
Washington, DC 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:
Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 20463340

Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City State Zip Code
Clinton MD 20735

Purpose of Disbursement

Candidate Name
Rep. Steny H. Hoyer

Office Sought: House Senate President
State: MD District: 5
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20463330

Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)
A. People For English

Mailing Address PO Box 1940

City Erie State PA Zip Code 16507

Purpose of Disbursement

Candidate Name
Rep. Phil English

Office Sought: House Senate President
State: PA District 3
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20468334
Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Donna 2002 Congressional Campaign Committee

Mailing Address 1102 Richmond, Suite 7

City C/Sted St. Croix State VI Zip Code 00820

Purpose of Disbursement

Candidate Name
Del. Donna M. Christensen

Office Sought: House Senate President
State: VI District 1
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20468333
Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)
C. Becerra For Congress

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement

Candidate Name
Rep. Xavier Becerra

Office Sought: House Senate President
State: CA District 31
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20468331
Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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)

PAGE 34 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)
A. Moran For Kansas

Mailing Address P.O. Box 1151

City State Zip Code
Hays KS 67601

Purpose of Disbursement

Candidate Name
Mr. Jerry Moran

Office Sought: House Senate President
State: KS District: 1
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20468329
Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Dan Burton For Congress Committee

Mailing Address P.O. Box 50593
P. O. Box 50593

City State Zip Code
Indianapolis IN 46250

Purpose of Disbursement

Candidate Name
Rep. Dan Burton

Office Sought: House Senate President
State: IN District: 5
Disbursement For: 2004
 Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20468332
Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Marty Meehan For Congress Committee, The

Mailing Address 75 Princeton Street

City State Zip Code
No. Chelmsford MA 01863

Purpose of Disbursement
Void - Marty Meehan For Congress Committ

Candidate Name
Rep. Martin T. Meehan

Office Sought: House Senate President
State: MA District: 5
Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 20464093
Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

-1000.00

Void - Marty Meehan For
Congress Committee, The

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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)

PAGE 35 / 37

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<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)

A. Connealy 04

Mailing Address 2999 Old Highway 118

City Decatur State NE Zip Code 68020

Purpose of Disbursement

Candidate Name
Matthew Connealy

Office Sought: House
Senate
President

State: NE District 1

Disbursement For: 2004
Primary General

Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20468088

Date of Disbursement

10 / 27 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Jd Hayworth For Congress

Mailing Address 14300 N. Northsight Blvd. #105

City Scottsdale State AZ Zip Code 85260

Purpose of Disbursement

Candidate Name
Rep. J.D. Hayworth

Office Sought: House
Senate
President

State: AZ District 5

Disbursement For: 2004
Primary General

Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20468474

Date of Disbursement

10 / 28 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Lisa Murkowski - U S Senate

Mailing Address PO Box 100847

City Anchorage State AK Zip Code 99510

Purpose of Disbursement

Candidate Name
Lisa Murkowski

Office Sought: House
 Senate
President

State: AK District 2

Disbursement For: 2004
Primary General

Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20469512

Date of Disbursement

10 / 28 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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)

PAGE 36 / 37

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)
American Chiropractic Association PAC

Full Name (Last, First, Middle Initial)
A. Heather Wilson For Congress

Mailing Address P.O. Box 14070
P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement

Candidate Name
Rep. Heather A. Wilson

Office Sought: House Senate President
State: NM District 1
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20471018
Date of Disbursement

10 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Mike Rogers For Congress

Mailing Address 123 East 13th Street

City Anniston State AL Zip Code 36201

Purpose of Disbursement

Candidate Name
Rep. Michael Dennis Rogers

Office Sought: House Senate President
State: AL District 3
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20471019
Date of Disbursement

10 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Melissa Brown

Mailing Address PO Box 49B

City Flourtown State PA Zip Code 19031

Purpose of Disbursement

Candidate Name
Melissa Brown

Office Sought: House Senate President
State: PA District 13
Disbursement For: 2004
Primary General
 Other (specify) ▼
2004 General

011
Category/
Type

Transaction ID: 20471016
Date of Disbursement

10 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

31673.50

**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)

PAGE 37 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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)
A. Massachusetts Democratic Party - Federal Account

Transaction ID: 20469481

Date of Disbursement

10 / 28 / 2004

Mailing Address 75 Princeton Street

Amount of Each Disbursement this Period

1000.00

City No. Chelmsford State MA Zip Code 01863

Purpose of Disbursement

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District

Disbursement For: Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

1000.00