

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

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

FOR LINE NUMBER: PAGE 25 OF 55

(check only one)

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

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NAME OF COMMITTEE (In Full)

**American Chiropractic Association Political Action Committee**

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

**A. Lalama, Patrick, A, , DC**

Mailing Address 134 Westchester Dr Ste 4

City  
Austintown

State  
OH

Zip Code  
44515-3963

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
Chiropractor

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

**Transaction ID : C4010570**

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Langholf, Dave, L Langholf Dc, ,**

Mailing Address 73 East 1st St

City

Fond Du Lac

State

WI

Zip Code

54935-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
Chiropractor

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

**Transaction ID : C4010589**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**c. Leach, Robert, A, , DC**

Mailing Address Po Box 80121

214 Russell St

City

Starkville

State

MS

Zip Code

39759-3381

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employed

Occupation (for Individual)  
Chiropractor

Receipt For: 2020

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 11 / 2019

**Transaction ID : C4010571**

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

90.00