

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

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

FOR LINE NUMBER: PAGE 28 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. Manceaux, Glenn, D Manceaux Dc P, ,

Mailing Address 6902 W Main St

City
Houma

State
LA

Zip Code
70360-2455

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 ▼

300.00

Date of Receipt

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

Transaction ID : C4010593

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Martin, David, J, , DC

Mailing Address 400 N Main St

City
Wasilla

State
AK

Zip Code
99654

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 ▼

600.00

Date of Receipt

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

Transaction ID : C4010573

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Masters, Michael, J, , DC

Mailing Address 1010 South King Street, Suite 213

City
Honolulu

State
HI

Zip Code
96814-1703

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 04 / 2019

Transaction ID : C4010587

Amount of Each Receipt this Period

- 50.00

☐ Memo Item

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

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

25.00