

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 58

(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 ▼

265.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2019

Transaction ID : C3962975

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Langhoff, Dave, L Langhoff 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 ▼

270.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2019

Transaction ID : C3963091

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 ▼

415.00

Date of Receipt

MM / DD / YYYY
09 / 11 / 2019

Transaction ID : C3962976

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