

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 60  
(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 Political Action Committee**

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

**A. Sullivan, Thomas, S., DC**

Mailing Address 1377 Dorchester Ave, 2FL

City  
BostonState  
MAZip Code  
02122-2950FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employedOccupation (for Individual)  
Chiropractor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2018

**Transaction ID : C3816074**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Thompson, Bruce, , , DC**

Mailing Address PO Box 2864

City

Muscle Shoals

State

AL

Zip Code

35662-2864

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employedOccupation (for Individual)  
Chiropractor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2018

**Transaction ID : C3816001**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**c. Torgrimson, Robert, J., DC**

Mailing Address 1320 Kenwood Avenue

City

Duluth

State

MN

Zip Code

55811-2342

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
self-employedOccupation (for Individual)  
Chiropractor

Receipt For: 2018

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		11		2018

**Transaction ID : C3816094**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

150.00

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