

**Political Organization  
Report of Contributions and Expenditures**

▶ See separate instructions.

**A** For the period beginning 10/21/00, 2000 and ending 11/20, 2000

**B** Check applicable boxes:  Initial report  Change of address  Amended report  Final report

**1** Name of organization Alabama State Chiropractic Political Action Committee Employer identification number 63 10981291

**2** Mailing address (P.O. Box or number, street, and room or suite number)  
134 High St.

City or town, state, and ZIP code  
Montgomery, AL 36104

**3** E-mail address of organization asca@ Date organization was formed October 7, 1979

**5a** Name of custodian of records  
Mrs. Alaine H. Neill

**5b** Custodian's address  
134 High Street  
Montgomery, AL 36104

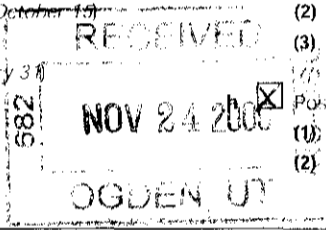
**6a** Name of contact person  
Mrs. Alaine H. Neill

**6b** Contact person's address  
134 High Street  
Montgomery, AL 36104

**7** Business address of organization (if different from mailing address shown above). Number, street, and room or suite number  
City or town, state, and ZIP code

**8** Type of report (check only one box)

- a First quarterly report (due by April 15)
- b Second quarterly report (due by July 15)
- c Third quarterly report (due by October 15)
- d Year-end report (due by January 31)
- e Mid-year report (Non-election year only-due by July 31)
- f Monthly report for the month of: \_\_\_\_\_ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- g Pre-election report (due by the 12th or 15th day before the election)
  - (1) Type of election: \_\_\_\_\_
  - (2) Date of election: \_\_\_\_\_
  - (3) For the state of: \_\_\_\_\_
  - (4) Post-general election report (due by the 30th day after general election)
    - (1) Date of election: Nov. 7, 2000
    - (2) For the state of: Alabama



**9** Total amount of reported contributions (total from all attached Schedules A) **9** \$10.00

**10** Total amount of reported expenditures (total from all attached Schedules B) **10** \$1,000.00

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

**Sign Here**  
Signature of authorized official: Alaine H. Neill Date: 11/20/00

Schedule A Itemized Contributions		Schedule A page 2 of 3
Name of organization <i>Chiropractic Political Action Committee</i>		Employer identification number <i>63-0981291</i>
Contributor's name, mailing address and ZIP code <i>Dr. Richard Jones</i>	Name of contributor's employer <i>self</i>	Amount of contributions reported for this period  <b>\$ 10.00</b>
	Contributor's occupation <i>Chiropractor</i>	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period  <b>\$</b>
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	
<b>Subtotal</b> of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . . . ▶		<b>\$ 10.00</b>

**Schedule B Itemized Expenditures**

Name of organization <i>Chiropractic Political Action Committee</i>		Employer identification number <i>63-0981291</i>
Recipient's name, mailing address and ZIP code <i>Miller Development 400 South Union Street Montgomery, AL 36104</i>	Name of recipient's employer <i>self</i>	Amount of each expenditure reported for this period  <b>\$ 1,000.00</b>
	Recipient's occupation <i>Lobbyist</i>	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period  <b>\$</b>
	Recipient's occupation	
<b>Subtotal</b> of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		<b>\$ 1,000.00</b>

