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**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1110 North Glebe Road

Suite 650

Check if different than previously reported. (ACC)

Arlington

VA

22201

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00329920

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y Y Y  
01 / 10 / 2009

through

M M / D D / Y Y Y Y Y Y  
12 / 31 / 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald M. Hendrickson, Assistant Treasurer

Signature of Treasurer

*Ronald M. Hendrickson*

Date

M M / D D / Y Y Y Y Y Y  
01 / 29 / 2010

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

**FEC FORM 3X**  
Rev. 12/2004

10030233081

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

/

/  /

To:

/  /

/  /

10030233082

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input data-bbox="437 598 594 651" type="text" value="YYYY"/>		<input data-bbox="1106 598 1528 651" type="text" value="000,000.00"/>
	2009	35,836.00
(b) Cash on Hand at Beginning of Reporting Period.....	<input data-bbox="644 682 1057 745" type="text" value="000,000.00"/>	
	28,620.00	
(c) Total Receipts (from Line 19) .....	<input data-bbox="644 777 1057 840" type="text" value="000,000.00"/>	<input data-bbox="1106 777 1528 840" type="text" value="000,000.00"/>
	10,335.00	25,039.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input data-bbox="644 892 1057 955" type="text" value="000,000.00"/>	<input data-bbox="1106 892 1528 955" type="text" value="000,000.00"/>
	38,955.00	60,875.00
7. Total Disbursements (from Line 31).....	<input data-bbox="644 987 1057 1050" type="text" value="000,000.00"/>	<input data-bbox="1106 987 1528 1050" type="text" value="000,000.00"/>
	11,953.00	33,873.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input data-bbox="644 1102 1057 1165" type="text" value="000,000.00"/>	<input data-bbox="1106 1102 1528 1165" type="text" value="000,000.00"/>
	27,002.00	27,002.00
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D) .....	<input data-bbox="644 1228 1057 1291" type="text" value="-----"/>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) .....	<input data-bbox="644 1354 1057 1417" type="text" value="-----"/>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Report Covering the Period: From:  /  /  To:  /  /

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5,250.00	5,250.00
(ii) Unitemized.....	5,085.00	19,789.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10,335.00	25,039.00
(b) Political Party Committees.....	-----	-----
(c) Other Political Committees (such as PACs).....	-----	-----
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	10,335.00	25,039.00
12. Transfers From Affiliated/Other Party Committees.....	-----	-----
13. All Loans Received.....	-----	-----
14. Loan Repayments Received.....	-----	-----
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	-----	-----
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	-----	-----
17. Other Federal Receipts (Dividends, Interest, etc.).....	-----	-----
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	-----	-----
(b) Levin Funds (from Schedule H5).....	-----	-----
(c) Total Transfers (add 18(a) and 18(b))..	-----	-----
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	10,335.00	25,039.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10,335.00	25,039.00

10030233083

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	11,953.00	32,873.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11,953.00	32,873.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		1,000.00
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	11,953.00	33,873.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11,953.00	33,873.00

10030233084

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10,335.00	25,039.00
34. Total Contribution Refunds (from Line 28(d)) .....	-----	-----
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10,335.00	25,039.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11,953.00	32,893.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	-----	-----
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11,953.00	32,873.00

10030233085

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 1 OF 5	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 16	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
International Chiropractors Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial) **Dr. Peter N. Fysh**

Mailing Address **5823 Kilarney Circle**

City **San Jose** State **CA** Zip Code **95138**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self employed** Occupation **Doctor of Chiropractic**

Receipt For:  
 Primary  General  
 Other (specify) **fund contribution**

Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 15 / 2009**

Amount of Each Receipt this Period **250.00**

**B.** Full Name (Last, First, Middle Initial) **Dr. Marshall Dickholtz**

Mailing Address **3420 W. Peterson Ave.**

City **Chicago** State **IL** Zip Code **60659**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self employed** Occupation **Doctor of Chiropractic**

Receipt For:  
 Primary  General  
 Other (specify) **fund contribution**

Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 11 / 2009**

Amount of Each Receipt this Period **250.00**

**C.** Full Name (Last, First, Middle Initial) **Dr. Brittain E. Lukens, III**

Mailing Address **1307 S. Adams Street**

City **Versailles** State **IN** Zip Code **47042**

FEC ID number of contributing federal political committee. **C**

Name of Employer **self employed** Occupation **Doctor of Chiropractic**

Receipt For:  
 Primary  General  
 Other (specify) **fund contribution**

Aggregate Year-to-Date **500.00**

Date of Receipt **11 / 02 / 2009**

Amount of Each Receipt this Period **500.00**

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

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

10030233086



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 3 OF 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
International Chiropractors Association Political Action Committee

**A. Settimi, Jamie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17280 W. North Ave.  
 City Brookfield State WI Zip Code 53045  
 FEC ID number of contributing federal political committee. C  
 Name of Employer self employed Occupation Doctor of Chiropractic  
 Receipt For:  Primary  General  Other (specify) fund contribution  
 Aggregate Year-to-Date 250.00

Date of Receipt 10 / 07 / 2009  
 Amount of Each Receipt this Period 250.00

**B. Rosenthal, Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 507 W. Maryland Avenue  
 City Wilmington State DE Zip Code 19803  
 FEC ID number of contributing federal political committee. C  
 Name of Employer self employed Occupation Doctor of Chiropractic  
 Receipt For:  Primary  General  Other (specify) fund contribution  
 Aggregate Year-to-Date 250.00

Date of Receipt 10 / 13 / 2009  
 Amount of Each Receipt this Period 250.00

**C. Andersen, Darcy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4305 W. Market Street  
 City York State PA Zip Code 17408  
 FEC ID number of contributing federal political committee. C  
 Name of Employer self employed Occupation Doctor of Chiropractic  
 Receipt For:  Primary  General  Other (specify) fund contribution  
 Aggregate Year-to-Date 250.00

Date of Receipt 10 / 21 / 2009  
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) .....  
 TOTAL This Period (last page this line number only) .....

10030233088

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

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

FOR LINE NUMBER: PAGE 4 OF 5  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Piller, Chad**

Mailing Address 227 East Route 38

City Rochelle State IL Zip Code 61068

FEC ID number of contributing federal political committee.

Name of Employer self employed Occupation Doctor of Chiropractic

Receipt For:  
 Primary    General  
 Other (specify) ▼ fund contribution

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**B. Hulsebus, Roger**

Mailing Address 630 Terra West Drive

City Freeport State IL Zip Code 61032

FEC ID number of contributing federal political committee.

Name of Employer self employed Occupation Doctor of Chiropractic

Receipt For:  
 Primary    General  
 Other (specify) ▼ fund contribution

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C. Maiman, Daniel E.**

Mailing Address 501 S. Pearl Street

City New London State WI Zip Code 54961

FEC ID number of contributing federal political committee.

Name of Employer self employed Occupation Doctor of Chiropractic

Receipt For:  
 Primary    General  
 Other (specify) ▼ fund contribution

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

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

1003023089

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 5	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
International Chiropractors Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Morris, James		Date of Receipt 11 / 24 / 2009
Mailing Address PO Box 921028		Amount of Each Receipt this Period 250.00
City Dutch Harbor	State AK	
Zip Code 99692		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer self employed	Occupation Doctor of Chiropractic	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) fund contribution	Aggregate Year-to-Date 250.00	

B. Full Name (Last, First, Middle Initial) Michael Nickolai		Date of Receipt 11 / 24 / 2009
Mailing Address 207 1st Avenue South		Amount of Each Receipt this Period 250.00
City New Rockford	State ND	
Zip Code 58356		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer self employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) fund contribution	Aggregate Year-to-Date 250.00	

C. Full Name (Last, First, Middle Initial) Bents Lori L.		Date of Receipt 11 / 24 / 2009
Mailing Address 700 E. 3rd Street		Amount of Each Receipt this Period 500.00
City Marshfield	State WI	
Zip Code 54449		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer self employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) fund contribution	Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)..... ▶	
TOTAL This Period (last page this line number only)..... ▶	5,250.00

10030233090

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 4	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Tara Giles</b>		Date of Disbursement 10 / 12 / 2009	
Mailing Address 2500 Walnut Hill Lane		Amount of Each Disbursement this Period 40.00	
City Dallas	State TX Zip Code 75229		
Purpose of Disbursement copy expense		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ operating expense		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. OnLine Image</b>		Date of Disbursement 10 / 15 / 2009	
Mailing Address 1591 Williamsport Drive		Amount of Each Disbursement this Period 1,750.00	
City San Jose	State CA Zip Code 95131		
Purpose of Disbursement software purchase		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ operating expense		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. OnLine Image</b>		Date of Disbursement 10 / 28 / 2009	
Mailing Address 1591 Williamsport Drive		Amount of Each Disbursement this Period 5,000.00	
City San Jose	State CA Zip Code 95131		
Purpose of Disbursement software purchase		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ operating expense		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	

10030233091

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 4	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. OnLine Image		M 10 / D 29 / Y 2009	
Mailing Address 1591 Williamsport Drive		Amount of Each Disbursement this Period	
City San Jose State CA Zip Code 95131		1,880.00	
Purpose of Disbursement software purchase		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	operating expense		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. International Chiropractors Association		M 11 / D 24 / Y 2009	
Mailing Address 1110 N. Glebe Road, Suite 650		Amount of Each Disbursement this Period	
City Arlington State VA Zip Code 22201		478.00	
Purpose of Disbursement travel expense		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	operating expense		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Schieber, Andrew		M 11 / D 12 / Y 2009	
Mailing Address 1000 Brady Street		Amount of Each Disbursement this Period	
City Davenport State IA Zip Code 52803		100.00	
Purpose of Disbursement travel expense reimbursement		Category/Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
State: District:	operating expense		

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	

10030233092

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 3 OF 4	
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)  
A. International Chiropractors Association

Mailing Address 1110 N. Glebe Road, Suite 650

City Arlington State VA Zip Code 22201

Purpose of Disbursement reimbursement for postage for member mailing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) operating expense

State: District:

Date of Disbursement 11 / 12 / 2009

Amount of Each Disbursement this Period 1,179.00

Full Name (Last, First, Middle Initial)  
B. US Postal Service

Mailing Address

City Milpitas State CA Zip Code 95035

Purpose of Disbursement postage for member mailing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) operating expense

State: District:

Date of Disbursement 12 / 12 / 2009

Amount of Each Disbursement this Period 440.00

Full Name (Last, First, Middle Initial)  
C. PNC Bank

Mailing Address 4401 Wilson Blvd.

City Arlington State VA Zip Code 22201

Purpose of Disbursement bank fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) operating expense

State: District:

Date of Disbursement 12 / 14 / 2009

Amount of Each Disbursement this Period 36.00

SUBTOTAL of Disbursements This Page (optional).....

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

10030233093

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 4

<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
---	------------------------------------	------------------------------------	------------------------------------	-----------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)

International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. PNC Bank**

Mailing Address 4401 Wilson Blvd.

City Arlington State VA Zip Code 22201

Purpose of Disbursement bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
operating expense

State: District:

Date of Disbursement

12 / 11 / 2009

Amount of Each Disbursement this Period

50.00

**B. Chiropractic Summit**

Mailing Address 1701 Clarendon Blvd.

City Arlington State VA Zip Code 22209

Purpose of Disbursement conference expense

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼  
operating expense

State: District:

Date of Disbursement

11 / 10 / 2009

Amount of Each Disbursement this Period

1,000.00

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11,953.00

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Federal Election Commission  
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Next Business Day Delivery

Received from House Records & Registration Office

Date of Receipt

Received from Senate Public Records Office

Date of Receipt

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Date of Receipt

Other (Specify):

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PREPARER

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