

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|  |  |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><b>Illinois Prairie State Chiropractic Assoc. ICE-PAC</b><br>(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><b>711 W. Springfield Avenue</b><br>(c) City, State and ZIP Code<br><b>Urbana, IL 61801</b> | 2. DATE<br><b>9-23-94</b><br>3. FEC IDENTIFICATION NUMBER<br>4. IS THIS STATEMENT AN AMENDMENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|--|--|

**043 924 '94**

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- |                   |                             |               |                |
|-------------------|-----------------------------|---------------|----------------|
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code                | Relationship |
|--|---|--------------|
| Illinois Prairie State Chiropractic Association            | P.O. Box 4174<br>Rock Island, IL 61204-4174 | connected    |

Type of Connected Organization

- Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name   | Mailing Address                           | Title or Position |
|-------------|---|-------------------|
| Julia Reyes | P.O. Box 4174, Rock Island, IL 61204-4174 | Asst. Treasurer   |

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name              | Mailing Address                               | Title or Position |
|------------------------|---|-------------------|
| Gwain Zarbuck II, D.C. | 711 W. Springfield Avenue<br>Urbana, IL 61801 | Treasurer         |

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

| Name of Bank, Depository, etc. | Mailing Address and ZIP Code             |
|--------------------------------|--|
| Bretton Bank                   | 1606 Brady Street<br>Davenport, IA 52803 |

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

|   |                            |                 |
|---|----------------------------|-----------------|
| TYPE OR PRINT NAME OF TREASURER<br>Gwain Zarbuck II, D.C. | SIGNATURE OF TREASURER<br> | DATE<br>9-23-94 |
|---|----------------------------|-----------------|

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-376-3120

**FEC FORM 1**  
(revised 4/87)

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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DATE OF RECEIPT

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and Registration

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Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

*SHY*  
PREPARER

10-3-94  
DATE PREPARED