

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL
OPERATIONS CENTER

2006 JAN 31 A 10:46

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Chiropractors of Nebraska Political Action Committee

ADDRESS (number and street)

414 S. 11th Street

Check if different than previously reported. (ACC)

Lincoln

NE

68508

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00043471

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)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY
07 / 01 / 2005

through

MM / DD / YYYY
12 / 31 / 2005

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 Jan Jewell - NCPA accountant directed to do these reports

Signature of Treasurer

Jan Jewell

Date

MM / DD / YYYY
01 / 30 / 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Chiropractors of Nebraska Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2005"/>		<input type="text" value="231195"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="274014"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="232887"/>	<input type="text" value="325706"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="506901"/>	<input type="text" value="556901"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="000"/>	<input type="text" value="50000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="506901"/>	<input type="text" value="506901"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="000"/>	

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. 02/2003)

Page 3

Write or Type Committee Name

Chiropractors of Nebraska Political Action Committee

Report Covering the Period: From: **07 / 01 / 2005** To: **12 / 31 / 2005**

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).....	1 2 7 5 0 0	1 5 2 5 0 0
(ii) Unitemized.....	1 0 5 0 0 0	1 7 2 5 0 0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2 3 2 5 0 0	3 2 5 0 0 0
(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).....▶	2 3 2 5 0 0	3 2 5 0 0 0
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.).....	3 8 7	7 0 6
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)).....▶	2 3 2 8 8 7	3 2 5 7 0 6
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2 3 2 8 8 7	3 2 5 7 0 6

20050821

DETAILED SUMMARY PAGE
of Disbursements

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		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0 0 0	0 0 0
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0 0 0	5 0 0 0 0
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))..	0 0 0	5 0 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0 0 0	5 0 0 0 0

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-
penditures**

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	2,325.00	3,250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2,325.00	3,250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

2003090323

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 2
 (check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Chiropractors of Nebraska Political Action Committee

Full Name (Last, First, Middle Initial)
A. Iverson, Casey Dr.
 Mailing Address
1804 W. Forrest St.
 City State Zip Code
Grand Island NE 68802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
self-employed Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2,500.00**

Date of Receipt
 [] / [] / []
 Amount of Each Receipt this Period
 []

Full Name (Last, First, Middle Initial)
B. Brockman, Brian Dr.
 Mailing Address
4751 S. 96th St.
 City State Zip Code
Omaha NE 68127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
self-employed Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2,500.00**

Date of Receipt
 [] / [] / []
 Amount of Each Receipt this Period
 []

Full Name (Last, First, Middle Initial)
C. Hanssen, Mark Dr.
 Mailing Address
1225 Papillion Dr.
 City State Zip Code
Papillion NE 68046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
self-employed Chiropractor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5,000.00**

Date of Receipt
 [] / [] / []
 Amount of Each Receipt this Period
 []

SUBTOTAL of Receipts This Page (optional)..... **7,500.00**
TOTAL This Period (last page this line number only).....

20030908

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

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

FOR LINE NUMBER: PAGE 2 OF 2

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)

Chiropractors of Nebraska Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kassmeier, David Dr.

Mailing Address

3308 Golf View Dr.

City

Norfolk

State

NE

Zip Code

68701

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2,250.00

Date of Receipt

1 / 2 / 2005

Amount of Each Receipt this Period

1,250.00

Full Name (Last, First, Middle Initial)

B. Michaelis, Jerry Dr.

Mailing Address

502 W. 1st Street

City

McCook

State

NE

Zip Code

69001

FEC ID number of contributing federal political committee.

C

Name of Employer

self-employed

Occupation

Chiropractor

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

4,000.00

Date of Receipt

0 / 8 / 2005

Amount of Each Receipt this Period

4,000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

5,250.00

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

1,275.00

20030802

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed-Exp</i>	Shipping Date <i>1-30-04</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JMD</i> PREPARER	<i>1-31-04</i> DATE PREPARED

20050303