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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 ▼ C00329920

CITY ▲ — STATE ▲ — ZIP CODE ▲

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 MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 01 / 01 / 2005 through 06 / 30 / 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 Gary L. Walsemann, DC

Signature of Treasurer

Date 07 / 27 / 2005

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

FE5AN015

25530002322

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period: From: 01 / 01 / 2005 To: 06 / 30 / 2005

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2005		31,428.01
(b) Cash on Hand at Beginning of Reporting Period	31,428.01	
(c) Total Receipts (from Line 19)	7,595.84	7,595.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39,023.85	39,023.85
7. Total Disbursements (from Line 31)	7,720.05	7,720.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	31,303.80	31,303.80
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)		

☒ 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)

Write or Type Committee Name

International Chiropractors Association Political Action Committee

Report Covering the Period: From: 01 / 01 / 2005 To: 06 / 30 / 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)	1,020.00	1,020.00
(ii) Unitemized	810.00	810.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1,830.00	1,830.00
(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) ▶	1,830.00	1,830.00
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)	5,765.84	5,765.84
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)) ▶	7,595.84	7,595.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	7,595.84	7,595.84

FESAN015

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	7220.05	7220.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	7220.05	7220.05
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	500.00
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))	7720.05	7720.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	7720.05	7720.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	1,830.00	1,830.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,830.00	1,830.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	7,220.05	7,220.05
37. Offsets to Operating Expenditures (from Line 15, page 3)	5,765.84	5,765.84
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	1,454.21	1,454.21

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 1 OF 1

[X] 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)
International Chiropractors Association Political Action Committee

A.
Full Name (Last, First, Middle Initial): Coffman, Virgil A., Dr.
Mailing Address: 4303 Highway 58
City: Chattanooga State: TN Zip Code: 37146
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 ▼: 600.00
Date of Receipt: 01 / 10 / 2005
Amount of Each Receipt this Period: 600.00

B.
Full Name (Last, First, Middle Initial): Hendrickson, Ronald M.
Mailing Address: 1110 North Glebe Road, Suite 650
City: Arlington State: VA Zip Code: 22201
FEC ID number of contributing federal political committee: C
Name of Employer: Int'l Chiropractors Assn.
Occupation: Association Executive
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date ▼: 470.00
Date of Receipt: 06 / 14 / 2005
Amount of Each Receipt this Period: 420.00

C.
Full Name (Last, First, Middle Initial):
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) ▶
TOTAL This Period (last page this line number only) ▶ 1,020.00

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)
[ ] 11a [ ] 11b [X] 11c [ ] 12
[ ] 13 [ ] 14 [X] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): TCDI& Co.
Mailing Address: 587 N. Ventu Park Road
City: Newbury Park State: CA Zip Code: 91329
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [X] Other (specify) ▼ refund of event deopsit
Aggregate Year-to-Date ▼
Date of Receipt: 01 / 10 / 2005
Amount of Each Receipt this Period: 5765.84

B.
Full Name (Last, First, Middle Initial):
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:

C.
Full Name (Last, First, Middle Initial):
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) ▶
TOTAL This Period (last page this line number only) ▶ 5765.84

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Greene, Marjorie
Mailing Address: 1110 N. Glebe Road, Suite 650
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: administrative support
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify) operating expense
Date of Disbursement: 01 / 07 / 2005
Amount of Each Disbursement this Period: 250.00

B.
Full Name (Last, First, Middle Initial): James Monroe Bank
Mailing Address: 3033 Wilson Boulevard
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify) operating expense
Date of Disbursement: 02 / 20 / 2005
Amount of Each Disbursement this Period: 25.00

C.
Full Name (Last, First, Middle Initial): Dr. Rick Longie
Mailing Address: 925 South Church Street
City: Murfreesboro State: TN Zip Code: 37130
Purpose of Disbursement: grant award
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify) operating expense
Date of Disbursement: 01 / 18 / 2005
Amount of Each Disbursement this Period: 6000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6275.00

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

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): US Postal Service
Mailing Address: George Mason Drive Station
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: postage for member mailing
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [XX] Other (specify) operating expense
Date of Disbursement: 01 / 26 / 2005
Amount of Each Disbursement this Period: 37.00

B.
Full Name (Last, First, Middle Initial): James Monroe Bank
Mailing Address: 3033 Wilson Boulevard
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [XX] Other (specify) operating expense
Date of Disbursement: 01 / 31 / 2005
Amount of Each Disbursement this Period: 10.00

C.
Full Name (Last, First, Middle Initial): Palmeto State Chiropractic Association
Mailing Address: 1012 Broad River Road, Suite 314
City: Columbia State: SC Zip Code: 29210
Purpose of Disbursement: seminar registration
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify) operating expense
Date of Disbursement: 02 / 08 / 2005
Amount of Each Disbursement this Period: 200.00

SUBTOTAL of Disbursements This Page (optional) ▶ 247.00

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

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): Quigley, Dr. Christopher
Date of Disbursement: 02 / 15 / 2005
Mailing Address: 83 Charles Street
City: Boston State: MA Zip Code: 02114
Purpose of Disbursement: reimbursement for mailing expense
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 100.00
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) operating expense

B. Full Name (Last, First, Middle Initial): James Monroe Bank
Date of Disbursement: 02 / 22 / 2005
Mailing Address: 3033 Wilson Boulevard
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 30.00
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) operating expense

C. Full Name (Last, First, Middle Initial): James Monroe Bank
Date of Disbursement: 02 / 28 / 2005
Mailing Address: 3033 Wilson Boulevard
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Amount of Each Disbursement this Period: 10.00
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☒ Other (specify) operating expense

SUBTOTAL of Disbursements This Page (optional) ▶ 140.00

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

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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)
[ ] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[X] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): James Monroe Bank
Mailing Address: 3033 Wilson Boulevard
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify) operating expense
Date of Disbursement: 03 / 31 / 2005
Amount of Each Disbursement this Period: 10.00

B.
Full Name (Last, First, Middle Initial): James Monroe Bank
Mailing Address: 3033 Wilson Boulevard
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify) operating expense
Date of Disbursement: 04 / 29 / 2005
Amount of Each Disbursement this Period: 10.00

C.
Full Name (Last, First, Middle Initial): James Monroe Bank
Mailing Address: 3033 Wilson Boulevard
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify) operating expense
Date of Disbursement: 05 / 31 / 2005
Amount of Each Disbursement this Period: 10.00

SUBTOTAL of Disbursements This Page (optional) ▶ 30.00

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

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial): Federal Election Commission
Mailing Address: 999 E Street, NW
City: Washington State: DC Zip Code: 20463
Purpose of Disbursement: late filing - administrative fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify) operating expense
Date of Disbursement: 06 / 14 / 2005
Amount of Each Disbursement this Period: 520.00

B.
Full Name (Last, First, Middle Initial): James Monroe Bank
Mailing Address: 3033 Wilson Boulevard
City: Arlington State: VA Zip Code: 22201
Purpose of Disbursement: bank fee
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [X] Other (specify) operating expense
Date of Disbursement: 06 / 30 / 2005
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: / /
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 528.05

TOTAL This Period (last page this line number only) ▶ 7220.05

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A.
Full Name (Last, First, Middle Initial): Friends of George Allen
Date of Disbursement: 03 / 25 / 2005
Mailing Address: PO Box 6859
City: Arlington State: VA Zip Code: 22206
Purpose of Disbursement: campaign contribution
Category/Type:
Candidate Name: Sen. George Allen
Amount of Each Disbursement this Period: 500.00
Office Sought: ☐ House ☒ Senate ☐ President
State: VA District:
Disbursement For: ☒ Primary ☐ General ☐ Other (specify)

B.
Full Name (Last, First, Middle Initial):
Date of Disbursement: / /
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Amount of Each Disbursement this Period:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

C.
Full Name (Last, First, Middle Initial):
Date of Disbursement: / /
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Amount of Each Disbursement this Period:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 500.00

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.

☑ Hand Delivered	Date of Receipt 7/28/05
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
KEI PREPARER	7/28/05 DATE PREPARED

(3/2005)