



**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:

MM / DD / YYYY  
07 / 01 / 2007

To:

MM / DD / YYYY  
09 / 30 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2007"/>		30,297.50
(b) Cash on Hand at Beginning of Reporting Period.....	34,472.50	
(c) Total Receipts (from Line 19).....	1,890.00	7,110.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36,362.50	37,407.50
7. Total Disbursements (from Line 31).....	30.00	1,075.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	36,332.50	36,332.50
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

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**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

**International Chiropractors Association Political Action Committee**

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2007 To: MM / DD / YYYY 09 / 30 / 2007

**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).....

1,000.00

1,000.00

(ii) Unitemized.....

890.00

6,110.00

(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶

1,890.00

7,110.00

(b) Political Party Committees.....

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-----

(c) Other Political Committees (such as PACs).....

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(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

1,890.00

7,110.00

12. Transfers From Affiliated/Other Party Committees.....

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13. All Loans Received.....

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14. Loan Repayments Received.....

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15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

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16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

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17. Other Federal Receipts (Dividends, Interest, etc.).....

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18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

-----

-----

(b) Levin Funds (from Schedule H5).....

-----

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(c) Total Transfers (add 18(a) and 18(b))..

-----

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19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

1,890.00

7,110.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1,890.00

7,110.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

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**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 .....	\$30.00	\$75.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	\$30.00	\$75.00
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)) ..	\$30.00	\$1,075.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	\$30.00	\$1,075.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	\$1,890.00	\$7,110.00
34. Total Contribution Refunds (from Line 28(d)) .....	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$1,890.00	\$7,110.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	\$30.00	\$75.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	\$30.00	\$75.00

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**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	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)  
International Chiropractors Association Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Walsemann, Gary L.**

Mailing Address  
39 Myrtle Street  
City Claremont State NH Zip Code 03743

FEC ID number of contributing federal political committee.  C

Name of Employer self-employed Occupation chiropractor

Receipt For:  
 Primary  General  
 Other (specify) ▼  
donation to committee

Aggregate Year-to-Date ▼  
\$1,000.00

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2007

Amount of Each Receipt this Period  
\$1,000.00

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

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  
MM / DD / YYYY

Amount of Each Receipt this Period

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  
MM / DD / YYYY

Amount of Each Receipt this Period

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

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

\$1,000.00

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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)						PAGE 1 OF 1				
	<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) <b>A. Mercantile Potomac Bank</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2007	
Mailing Address 3033 Wilson Boulevard		Amount of Each Disbursement this Period \$15.00	
City Arlington	State VA		
Purpose of Disbursement bank service charge		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 checked="" type="checkbox"/> Other (specify) <b>operating expense</b>		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Mercantile Potomac Bank</b>		Date of Disbursement MM / DD / YYYY 08 / 31 / 2007	
Mailing Address 3033 Wilson Boulevard		Amount of Each Disbursement this Period \$15.00	
City Arlington	State VA		
Purpose of Disbursement bank service charge		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 checked="" type="checkbox"/> Other (specify) <b>operating expense</b>		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		Amount of Each Disbursement this Period	
City	State		
Purpose of Disbursement		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"/> Other (specify) <b>operating expense</b>		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	\$30.00

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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

10/15/07

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

  
PREPARER

10/15/07  
DATE PREPARED

(3/2005)

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