

**FEC
FORM 3X**

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

RECEIVED
FEC MAIL CENTER
2008 JUL 15 PM 1:48

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
Arlington VA 22201

Check if different than previously reported. (ACC)

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)
- 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 []

(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

[MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]
04 / 01 / 2008 through 06 / 30 / 2008

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

[MM] / [DD] / [YYYY]
07 / 14 / 2008

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

28039780503

**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: / /

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, <input type="text" value="2008"/>	<input type="text" value="\$39,047.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="\$34,847.50"/>
(c) Total Receipts (from Line 19)	<input type="text" value="\$9,888.50"/>
(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="\$44,736.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="\$6,480.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="\$38,256.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="-----"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input 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

28039780504

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: MM / DD / YYYY 04 / 01 / 2008 To: MM / DD / YYYY 06 / 30 / 2008

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).....

\$2,200.00

\$2,200.00

(ii) Unitemized.....

\$7,688.50

\$13,488.50

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

\$9,888.50

\$15,688.50

(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).....▶

\$9,888.50

\$15,688.50

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)).....▶

\$9,888.50

\$15,688.50

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

\$9,888.50

\$15,688.50

28039780505

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	\$5,480.00	\$14,980.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	\$5,480.00	\$14,980.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	\$1,000.00	\$1,500.00
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))..	\$6,480.00	\$16,480.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$6,480.00	\$16,480.00

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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)	\$9,888.50	\$15,688.50
34. Total Contribution Refunds (from Line 28(d))	-----	-----
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	\$9,888.50	\$15,688.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	\$5,480.00	\$14,980.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	-----	-----
38. Net Operating Expenditures (subtract Line 37 from Line 36)	\$5,480.00	\$14,980.00

28039780507

**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 1
(check only one)

<input 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)
INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

A. Dr. Marshall Dickholtz, Sr.

Full Name (Last, First, Middle Initial)
Mailing Address
3420 W. Peterson Avenue
City **Chicago** State **IL** Zip Code **60659**

Date of Receipt
MM / DD / YYYY
04 / 02 / 2008

FEC ID number of contributing federal political committee. **C NOT APPLICABLE**

Amount of Each Receipt this Period
\$200.00

Name of Employer **self-employed** Occupation **chiropractor**

Receipt For:
 Primary General
 Other (specify) **donation**

Aggregate Year-to-Date ▼
\$200.00

B. Ronald M. Hendrickson

Full Name (Last, First, Middle Initial)
Mailing Address
1122-B North Stafford Street
City **Arlington** State **VA** Zip Code **22201**

Date of Receipt
MM / DD / YYYY
06 / 16 / 2008

FEC ID number of contributing federal political committee. **C NOT APPLICABLE**

Amount of Each Receipt this Period
\$1,000.00

Name of Employer **Int'l Chiropractors Assn.** Occupation **Association manager**

Receipt For:
 Primary General
 Other (specify) **donation**

Aggregate Year-to-Date ▼
\$1,000.00

C. Dr. John K. Maltby

Full Name (Last, First, Middle Initial)
Mailing Address
320 East Hobson Way
City **Blythe** State **CA** Zip Code **92225**

Date of Receipt
MM / DD / YYYY
04 / 23 / 2008

FEC ID number of contributing federal political committee. **C NOT APPLICABLE**

Amount of Each Receipt this Period
\$1,000.00

Name of Employer **self-employed** Occupation **chiropractor**

Receipt For:
 Primary General
 Other (specify) **donation**

Aggregate Year-to-Date ▼
\$1,000.00

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

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

\$2,200.00

28039780508

**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 3

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. OnLine Image

Mailing Address

1591 Williamsport Drive

City State Zip Code
San Jose CA 95135

Purpose of Disbursement

software purchase

Candidate Name

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2008

Amount of Each Disbursement this Period

\$2,500.00

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

operating expense

Full Name (Last, First, Middle Initial)

B. OnLine Image

Mailing Address

1591 Williamsport Drive

City State Zip Code
San Jose CA 95135

Purpose of Disbursement

software purchase

Candidate Name

001
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2008

Amount of Each Disbursement this Period

\$1,380.00

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

operating expense

Full Name (Last, First, Middle Initial)

C. Ankur Tayal

Mailing Address

2868 Chronicle Avenue

City State Zip Code
Hayward CA 94542

Purpose of Disbursement

travel expense reimbursement

Candidate Name

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2008

Amount of Each Disbursement this Period

\$300.00

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

operating expense

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

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

Empty boxes for subtotal and total amounts.

28039780509

**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)

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Ryan Nelson

Mailing Address

8633 Thomas Avenue South

City **Bloomington** State **MN** Zip Code **55431**

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

operating expense

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

\$300.00

Full Name (Last, First, Middle Initial)

B. Clint Erickson

Mailing Address

1811 Farnam Street

City **Davenport** State **IA** Zip Code **52803**

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

operating expense

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

\$100.00

Full Name (Last, First, Middle Initial)

C. Stacy Land

Mailing Address

10320 Devonshire Circle, Apt. 311

City **Bloomington** State **MN** Zip Code **55431**

Purpose of Disbursement
travel expense

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

operating expense

Date of Disbursement

04 / 25 / 2008

Amount of Each Disbursement this Period

\$300.00

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

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

28039780510

**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 3

<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	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Heather McDowell

Date of Disbursement

MM	DD	YYYY
04	25	2008

Mailing Address

9749 Penn Avenue South

City State Zip Code
Bloomington MN 55431

Purpose of Disbursement

travel expense

002

Amount of Each Disbursement this Period

\$300.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General

Other (specify) operating expense

State: District:

Full Name (Last, First, Middle Initial)

B. Ben Zepeda

Date of Disbursement

MM	DD	YYYY
04	25	2008

Mailing Address

25001 Industrial Blvd.

City State Zip Code
Hayward CA 94545

Purpose of Disbursement

travel expense

002

Amount of Each Disbursement this Period

\$300.00

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General

Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM	DD	YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

--

Amount of Each Disbursement this Period

--

Office Sought: House
 Senate
 President

Disbursement For: Primary General

Other (specify) ▼

State: District:

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

\$600.00

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

\$5,480.00

28039780511

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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	<input type="checkbox"/> 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.

Friends of Rahm Emanuel

MM / DD / YYYY
06 / 15 / 2008

Mailing Address

PO Box 101124

City

Chicago

State

IL

Zip Code

60618

Purpose of Disbursement

campaign donation

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Rahm Emanuel

Category/Type

\$500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: IL

District: 15th

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

Mary Bono Mack Committee

MM / DD / YYYY
05 / 12 / 2008

Mailing Address

PO Box 3370

City

Palm Springs

State

CA

Zip Code

92263

Purpose of Disbursement

campaign donation

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Mary Bono Mack

Category/Type

\$500.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State: CA

District: 45th

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Purpose of Disbursement

--

Amount of Each Disbursement this Period

Candidate Name

Category/Type

--

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

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

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\$1,000.00

28039780512

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
7/15/08

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

 7/15/08
PREPARER **DATE PREPARED**

28039780513