

HAND DELIVERED

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2014 OCT 29 PM 3:09

FEC MAIL CENTER

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) 6400 Arlington Boulevard

Suite 800

Falls Church VA 22042

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00329920

3. IS THIS REPORT NEW OR AMENDED

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), Dec 20 (M12), Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on 11 / 04 / 2014 in the State of US

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

Election on in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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

[Handwritten Signature]

Date

10 / 23 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 10 columns and 1 row, labeled 'Of Ace 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

**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="2014"/>		<input type="text" value="38,861.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33,957.53"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="00.00"/>	<input type="text" value="4,480.00"/>
(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="33,957.53"/>	<input type="text" value="43,341.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1,000.00"/>	<input type="text" value="10,384.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32,957.53"/>	<input type="text" value="32,957.43"/>
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







**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 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

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)

Date of Disbursement

A. <b>Jim Jordan for Congress Committee</b>		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>10</td> <td>10</td> <td>2014</td> </tr> </table>		MM	DD	YYYY	10	10	2014
MM	DD	YYYY							
10	10	2014							
Mailing Address <b>1709 State Route 560 South</b>		Amount of Each Disbursement this Period							
City <b>Urbanna</b>	State <b>OH</b>	Zip Code <b>43078</b>	<table border="1"> <tr> <td>Amount</td> </tr> <tr> <td>1,000.00</td> </tr> </table>	Amount	1,000.00				
Amount									
1,000.00									
Purpose of Disbursement <b>campaign donation</b>		Category/Type							
Candidate Name <b>Rep. Jim Jordan</b>									
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼								
State: <b>OHIO</b>	District: <b>4th</b>								

B. _____		Date of Disbursement							
Mailing Address		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		MM	DD	YYYY			
MM	DD	YYYY							
City	State	Zip Code	Amount of Each Disbursement this Period						
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"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

C. _____		Date of Disbursement							
Mailing Address		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		MM	DD	YYYY			
MM	DD	YYYY							
City	State	Zip Code	Amount of Each Disbursement this Period						
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"/> General <input type="checkbox"/> Other (specify) ▼								
State:	District:								

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

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

Amount
1,000.00

2014-10-10 10:10:10

