REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVE
FEDERAL ELEC
COMMISSION MAI

2000 APR 20

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
International Chiropractors Association-
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1110 North Glebe Road, Suite 1000

CITY, STATE and ZIP CODE
Arlington,Virginia 22201

2. FEC IDENTIFICATION NUMBER
C00329920

3. ☐ This committee has qualified as a mu
committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ Oct
☐ March 20	☐ July 20	☐ Nov
☒ April 20	☐ August 20	☐ Dec
☐ May 20	☐ September 20	☐ Jan

☐ Twelfth day report preceding _____ (Type of Ele
election on _____ in the State of _____

☐ Thirtieth day report following the General _____
_____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUM Calendar Year
5. Covering Period 3-1-2000 through 3-31-2000		
6. (a) Cash on Hand January 1, 2000		$ 13,612.
(b) Cash on Hand at Beginning of Reporting Period	$ 13,547.00	
(c) Total Receipts (from Line 19)	$ 2,050.00	$ 3,985.
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 15,597.00	$ 17,597.
7. Total Disbursements (from Line 30)	$ 500.00	$ 2,500.
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 15,597.00	$ 15,597.
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)	$ ---------	

For further Inform
Federal Election Co
999 E Street, NW
Washington, DC 20
Toll Free 800-424-9
Local 202-219-3420

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
Timothy E. Meng, DC

Signature of Treasurer
Timothy E Meng, DC

Date
4-20-00

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

FEC F

FERAN131

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revise)

NAME OF COMMITTEE International Chiropractors Association-Political Action Committee

REPORT COVERING PERIOD FROM 3-1-2000 TO: 3-31-20[redacted]

	COLUMN A Total This Period	COLUMN Calendar Y
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		
ii. Unitemized	$2050	$3985
iii. Total (add i and ii) ➤	$2050	$3985
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	$2050	$3985
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	$2050	$3985
20. Total Federal Receipts (subtract line 18 from line 19) ➤	$2050	$3985
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	$500	$2500
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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 a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	$500	$2500
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	$500	$2500
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	$2050	$3985
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	$2050	$3985
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAG

FOR

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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, Mailing Address and ZIP Code Ed Schrock for Congress 4213 Dougherty Court Virginia Beach, VA 23455	Purpose of Disbursement donation Disbursement for: [x] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 3-6-00	Disb $5
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Disb
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Disb
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Disb
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Disb
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Disb
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Disb
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Disb
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Disb

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

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

FE6AN135

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 4-20-00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked and/or Date of Rece
☐	Electronic Filing	

JEG
PREPARER

4-20-00
DATE PREPARED

(4/98)