

HAND DELIVERED

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2016 JUL 15 PM 4:29

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)

6400 Arlington Boulevard

Suite 800

Check if different than previously reported. (ACC)

Falls Church

VA

22042

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) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12)
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

in the State of

(d)

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

Election on

in the State of

5. Covering Period

04 / 01 / 2016 through 06 / 30 / 2016

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

07 / 15 / 2016

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 for Office Use Only

FEC FORM 3X Rev. 12/2004

2016-07-15 10:01:00 00084708

**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  
04 / 01 / 2016

To:

MM / DD / YYYY  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">25,114.27</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">20,420.91</span>	
(c) Total Receipts (from Line 19).....	<span style="border: 1px solid black; padding: 2px;">2,456.00</span>	<span style="border: 1px solid black; padding: 2px;">11,342.20</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">22,876.91</span>	<span style="border: 1px solid black; padding: 2px;">36,456.47</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">9,649.30</span>	<span style="border: 1px solid black; padding: 2px;">23,228.86</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">13,227.61</span>	<span style="border: 1px solid black; padding: 2px;">13,227.61</span>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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 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) .....	2,456.00	11,342.20
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2,456.00	11,342.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6,149.50	18,728.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6,149.50	18,728.86

2010607180400084712

**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) A. Blumenthal for Connecticut		Date of Disbursement MM / DD / YYYY 05 / 16 / 2016
Mailing Address 777 Summer Street		Amount of Each Disbursement this Period 2,000.00
City Stamford	State CT	
Zip Code 06901	Purpose of Disbursement Campaign Contribution	Category/ Type
Candidate Name Senator Richard Blumenthal	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: CT	District:

Full Name (Last, First, Middle Initial) B. Randy Forbes for US Congress		Date of Disbursement MM / DD / YYYY 05 / 19 / 2016
Mailing Address 911 First Colonial Road, Suite 200		Amount of Each Disbursement this Period 1,000.00
City Virginia Beach	State VA	
Zip Code 23453	Purpose of Disbursement Campaign Contribution	Category/ Type
Candidate Name Rep. Randy Forbes	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: VA	District: 2nd

Full Name (Last, First, Middle Initial) C. Barbara Comstock for Congress		Date of Disbursement MM / DD / YYYY 05 / 02 / 2016
Mailing Address PO Box 831		Amount of Each Disbursement this Period 500.00
City McLean	State VA	
Zip Code 22101	Purpose of Disbursement Campaign Contribution	Category/ Type
Candidate Name Rep. Barbara Comstock	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: VA	District: 10th

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	3,500.00

20160519 10:00:00 AM



**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 checked="" 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)		Date of Disbursement							
A. Federal Express		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>05</td> <td>09</td> <td>2016</td> </tr> </table>		MM	DD	YYYY	05	09	2016
MM	DD	YYYY							
05	09	2016							
Mailing Address <b>PO Box 371461</b>		Amount of Each Disbursement this Period							
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15250-7461</b>	<table border="1"><tr><td>234.76</td></tr></table>	234.76					
234.76									
Purpose of Disbursement <b>Shipping</b>		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 checked="" type="checkbox"/> Other (specify) <b>Administration</b>								
State:	District:								

Full Name (Last, First, Middle Initial)		Date of Disbursement							
B. US Postal Service		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>05</td> <td>18</td> <td>2016</td> </tr> </table>		MM	DD	YYYY	05	18	2016
MM	DD	YYYY							
05	18	2016							
Mailing Address <b>800 West Broad Street</b>		Amount of Each Disbursement this Period							
City <b>Falls Church</b>	State <b>VA</b>	Zip Code <b>22042</b>	<table border="1"><tr><td>290.00</td></tr></table>	290.00					
290.00									
Purpose of Disbursement <b>Postage for member mailing</b>		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 checked="" type="checkbox"/> Other (specify) <b>Administration</b>								
State:	District:								

Full Name (Last, First, Middle Initial)		Date of Disbursement							
C. US Postal Service		<table border="1"> <tr> <td>MM</td> <td>DD</td> <td>YYYY</td> </tr> <tr> <td>06</td> <td>16</td> <td>2016</td> </tr> </table>		MM	DD	YYYY	06	16	2016
MM	DD	YYYY							
06	16	2016							
Mailing Address <b>800 West Broad Street</b>		Amount of Each Disbursement this Period							
City <b>Falls Church</b>	State <b>VA</b>	Zip Code <b>22042</b>	<table border="1"><tr><td>208.44</td></tr></table>	208.44					
208.44									
Purpose of Disbursement <b>Postage for member mailing</b>		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 checked="" type="checkbox"/> Other (specify) <b>Administration</b>								
State:	District:								

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"><tr><td>733.20</td></tr></table>	733.20
733.20		
TOTAL This Period (last page this line number only).....	<table border="1"><tr><td></td></tr></table>	

2016-07-18 00:00:47

**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 checked="" 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. Federal Express**

Mailing Address  
PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement

Shipping

Candidate Name

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 09 / 2016

Amount of Each Disbursement this Period

29.55

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) Administration

Full Name (Last, First, Middle Initial)

**B. Federal Express**

Mailing Address  
PO Box 371461

City Pittsburgh State PA Zip Code 15250-7461

Purpose of Disbursement

Shipping

Candidate Name

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 28 / 2016

Amount of Each Disbursement this Period

129.29

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) Administration

Full Name (Last, First, Middle Initial)

**C. US Postal Service**

Mailing Address  
800 West Broad Street

City Falls Church State VA Zip Code 22042

Purpose of Disbursement

Postage for member mailing

Candidate Name

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 124 / 2016

Amount of Each Disbursement this Period

184.71

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) Administration

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

458.84

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

20160114 10:00:00 AM

**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 4 OF 4				
	<input type="checkbox"/> 21b	<input checked="" 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. US Postal Service</b>		Date of Disbursement MM / DD / YYYY 06 / 17 / 2016	
Mailing Address 800 West Broad Street			
City Falls Church	State VA	Zip Code 22942	
Purpose of Disbursement Postage for member mailing	Candidate Name		Amount of Each Disbursement this Period 32.95
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 checked="" type="checkbox"/> Other (specify) Administration		
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Federal Express</b>		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: <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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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: <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) Administration		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	32.95
<b>TOTAL</b> This Period (last page this line number only).....	6,149.50

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2016-07-18 00:00:47

