



John Falardeau <JFalardeau@acatoday.org> on 12/17/2014 05:39:44 PM

To: "2022190174@fec.gov" <2022190174@fec.gov>,  
cc:

Subject: FEC Form 9 amended submission

Hello. Please see attached FEC amended Form 9 submission and original FEC request letter. Please let me know if you have any further questions. Thank you.



**John Falardeau**  
Senior Vice President, Government Relations | American Chiropractic Association  
T: (703) 812-0214 | F: (703) 243-2593 | 1701 Clarendon Blvd. Arlington, VA 22209



FEC\_Form9\_ACA\_amended\_Dec2014.pdfFEC\_letter\_ACA\_Nov2014.pdf

12/17/2014 5:39:44 PM



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

November 21, 2014

JOHN FALARDEAU  
AMERICAN CHIROPRACTIC ASSOCIATION  
1701 CLARENDON BLVD  
ARLINGTON, VA 22209

**Response Due Date**  
**12/26/2014**

IDENTIFICATION NUMBER: C30002299

REFERENCE: FEC FORM 9 (10/15/2014 - 10/20/2014), RECEIVED 10/21/2014

Dear Custodian of Records:

This letter is prompted by the Commission's preliminary review of the 24 Hour Notice of Disbursements/Obligations for Electioneering Communications (FEC Form 9) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. An adequate response must be received at the Commission by the response date noted above. Additional information is needed for the following 1 item(s):

- On Line 11 of your filing, you have failed to disclose the person or persons sharing or exercising control of the making of the disbursement/obligation for the electioneering communication. You must provide the name, address, employer, and occupation of each person sharing or exercising control. (11 CFR § 104.20(c)(2)) Please amend your filing to include the missing information.


**Please note, you will not receive an additional notice from the Commission on this matter. Requests for extensions of time in which to respond will not be considered.** Failure to comply with the provisions of the Act may result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or my local number (202) 694-1187.

AMERICAN CHIROPRACTIC ASSOCIATION

Page 2 of 2

Sincerely,

A handwritten signature in black ink that reads "Laura Beaufort". The signature is written in a cursive, flowing style.

Laura Beaufort  
Senior Campaign Finance Analyst  
Reports Analysis Division

428

140M : 4M : 0M : 0M

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name

AMERICAN CHIROPRACTIC ASSOCIATION

(b) Address (number and street)  check if different than previously reported

1701 CLARENDON BLVD

(c) City, State and ZIP Code

ARLINGTON VA 22209

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C30002299

3. Is This Statement

New

or

Amended

4. Covering Period

10/15/2014

through

10/20/2014

5. (a) Date of Public Distribution(s)

10/20/2014

(b) Communication Title

BRADLEY FOR TOWNS  
GARDNER FOR COLORADO

6. The filer is a(n): (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)

(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e)  Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes

No

### 8. Custodian of Records

(a) Name

JOHN FAZARDEAN

(b) Address (number and street)

1701 CLARENDON BLVD

(c) City, State and ZIP Code

ARLINGTON VA 22209

(d) Name of Employer or Principal Place of Business

AMERICAN CHIROPRACTIC ASSOC

(e) Occupation

SVP-GOVERNMENT RELATIONS

9. Total Donations This Statement

15,480.00

10. Total Disbursements/Obligations This Statement

15,000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

JOHN FAZARDEAN

SIGNATURE

*John*

DATE

12-17-2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 52 U.S.C. §30109

List of Person(s) Sharing/Exercising Control  
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

**A.** (a) Name JOHN FALARDEAU  
(b) Address (number and street) 1701 CLARNDON BLVD  
(c) City, State and ZIP Code ARLINGTON, VA 22209  
(d) Name of Employer or Principal Place of Business AMERICAN CHIROPRACTIC ASSOC.  
(e) Occupation SR. VICE PRESIDENT

**B.** (a) Name  
(b) Address (number and street)  
(c) City, State and ZIP Code  
(d) Name of Employer or Principal Place of Business  
(e) Occupation

**C.** (a) Name  
(b) Address (number and street)  
(c) City, State and ZIP Code  
(d) Name of Employer or Principal Place of Business  
(e) Occupation

**D.** (a) Name  
(b) Address (number and street)  
(c) City, State and ZIP Code  
(d) Name of Employer or Principal Place of Business  
(e) Occupation

**E.** (a) Name  
(b) Address (number and street)  
(c) City, State and ZIP Code  
(d) Name of Employer or Principal Place of Business  
(e) Occupation

11-001-1001-1001

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b>  MICHIGAN ASSOCIATION OF CHIROPRACTORS  Mailing Address of Donor  416 W. IONIA ST.  City State Zip  LANSING MI 48933</p>	<p>Date of Receipt  09 / 30 / 2014  Amount  1,500.00</p>	
<p><b>B. Full Name of Donor</b>  INTERNATIONAL CHIROPRACTORS ASSOC.  Mailing Address of Donor  6400 ARLINGTON BLVD, SUITE 800  City State Zip  FALLS CHURCH VA 22042</p>	<p>Date of Receipt  10 / 07 / 2014  Amount  1,000.00</p>	
<p><b>C. Full Name of Donor</b>  AMERICAN CHIROPRACTIC ASSOCIATION  Mailing Address of Donor  1701 CLARENDON BLVD  City State Zip  ARLINGTON VA 22209</p>	<p>Date of Receipt  10 / 15 / 2014  Amount  1,000.00</p>	
<p><b>D. Full Name of Donor</b>  DR. JAY GREENSTEIN  Mailing Address of Donor  631 A ST, SE  City State Zip  WASHINGTON DC 20005</p>	<p>Date of Receipt  09 / 30 / 2014  Amount  500.00</p>	
<p><b>E. Full Name of Donor</b>  DR. STUART HOFFMAN  Mailing Address of Donor  9885 E. DAVENPORT DRIVE  City State Zip  SCOTTSDALE, AZ 85260</p>	<p>Date of Receipt  09 / 30 / 2014  Amount  780.00</p>	
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶</p>		<p>4,780.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶  (carry total from last page to Line 9)</p>		<p></p>

FORM 9-2010 (01/10)

**SCHEDULE 9-A**  
**Donation(s) Received**

140N-1M0-02M1

<p><b>A. Full Name of Donor</b>  GARRETT CUNEO</p> <p>Mailing Address of Donor  4866 KIPLING DRIVE</p> <p>City State Zip  CARMICHAEL CA 95608</p>	<p>Date of Receipt  09 / 23 / 2014</p> <p>Amount  20000</p>
<p><b>B. Full Name of Donor</b>  CARL S. CLEVELAND III</p> <p>Mailing Address of Donor  411 W. 46<sup>th</sup> TER, APT. 804</p> <p>City State Zip  KANSAS CITY, MO 64112</p>	<p>Date of Receipt  09 / 23 / 2014</p> <p>Amount  1,000.00</p>
<p><b>C. Full Name of Donor</b>  J. MICHAEL FLYNN</p> <p>Mailing Address of Donor  4 DANORA CIRCLE</p> <p>City State Zip  HOUMA LA 70360</p>	<p>Date of Receipt  09 / 23 / 2014</p> <p>Amount  25000</p>
<p><b>D. Full Name of Donor</b>  PAIN 2 WELLNESS CENTER</p> <p>Mailing Address of Donor  3916 CASCADE RD, SW, STE 220</p> <p>City State Zip  ATLANTA GA 30331</p>	<p>Date of Receipt  09 / 24 / 2014</p> <p>Amount  15000</p>
<p><b>E. Full Name of Donor</b>  CHARLES DUBOIS</p> <p>Mailing Address of Donor  4513 HEWITTS POINT ROAD</p> <p>City State Zip  OCONOMOWOC, WI 53066</p>	<p>Date of Receipt  09 / 24 / 2014</p> <p>Amount  2000.00</p>
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶</p> <p><b>TOTAL</b> This Period (last page this line number only) ..... ▶  (carry total from last page to Line 9)</p>	

**SCHEDULE 9-A**  
**Donation(s) Received**

**A. Full Name of Donor**  
 MICHELE MAIERS  
 Mailing Address of Donor  
 5433 BRYANT AVE, S.  
 City State Zip  
 MINNEAPOLIS MN 55419

Date of Receipt  
 09 / 24 / 2014  
 Amount  
 1,00.00

**B. Full Name of Donor**  
 WAYNE WOLFSON  
 Mailing Address of Donor  
 1266 VIA SALERNO  
 City State Zip  
 WINTER PARK FL 32789

Date of Receipt  
 08 / 27 / 2014  
 Amount  
 1,000.00

**C. Full Name of Donor**  
 BRENSHROVER COACHING  
 Mailing Address of Donor  
 12577 BELL-AIRE ST  
 City State Zip  
 THORNTON CO 80241

Date of Receipt  
 10 / 01 / 2014  
 Amount  
 800.00

**D. Full Name of Donor**  
 FRANK NICCHI  
 Mailing Address of Donor  
 2333 ST. RT. 89  
 City State Zip  
 SENECA FALLS NY 13148

Date of Receipt  
 09 / 23 / 2014  
 Amount  
 150.00

**E. Full Name of Donor**  
 JOHN C. NAB  
 Mailing Address of Donor  
 519 W 37721 PASTEUR CT  
 City State Zip  
 DOUSMAN WI 53118

Date of Receipt  
 09 / 24 / 2014  
 Amount  
 250.00

**SUBTOTAL** of Donations This Page (optional) ▶

2,300.00

**TOTAL** This Period (last page this line number only) ▶  
 (carry total from last page to Line 9)

FORM 1040-ENR



**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A. Full Name of Donor</b>            WILLIAM MECKER            Mailing Address of Donor            1167 BRACE AVE.            City State Zip            SAN JOSE, CA 95125</p>	<p>Date of Receipt            09 / 30 / 2014            Amount            30000</p>
<p><b>B. Full Name of Donor</b>            DAVID S. O'BRYEN            Mailing Address of Donor            4906 MONTGOMERY LANE            City State Zip            BETHESDA, MD 20814</p>	<p>Date of Receipt            10 / 10 / 2014            Amount            100000</p>
<p><b>C. Full Name of Donor</b>            LEWIS J. BRAZAKOS            Mailing Address of Donor            PO BOX 397            City State Zip            VALLEY STREAM, NY 11582</p>	<p>Date of Receipt            10 / 07 / 2014            Amount            25000</p>
<p><b>D. Full Name of Donor</b>            INTEGRATED MEDIA CONCEPTS, LLC            Mailing Address of Donor            1800 N-WEST ST. #1200            City State Zip            WILMINGTON, DE 19801</p>	<p>Date of Receipt            10 / 03 / 2014            Amount            70000</p>
<p><b>E. Full Name of Donor</b>            LIFE TOUCH CHIROPRACTIC, LLC            Mailing Address of Donor            103 E. MARKET ST.            City State Zip            CHATSWORTH, GA 30705</p>	<p>Date of Receipt            10 / 09 / 2014            Amount            30000</p>

<p><b>SUBTOTAL</b> of Donations This Page (optional) .....</p>	<p>255000</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....            (carry total from last page to Line 9)</p>	<p></p>

LIVING AND OWNED

**SCHEDULE 9-A**  
**Donation(s) Received**

**A.** Full Name of Donor

SINGER MANAGEMENT NETWORK, INC  
Mailing Address of Donor  
2775 NW 49<sup>th</sup> AVE #205-361  
City State Zip  
OCALA, FL 34482

Date of Receipt

10 / 13 / 2014

Amount

1,000.00

**B.** Full Name of Donor

CLINICAL MANAGEMENT SERVICES  
Mailing Address of Donor  
4867 MUNSON ST, NW  
City State Zip  
CANTON, OH 44718

Date of Receipt

08 / 05 / 2014

Amount

250.00

**C.** Full Name of Donor

INTEGRATED PRACTICE SOLUTION, INC  
Mailing Address of Donor  
9265 SKY PARK CT. STE 200  
City State Zip  
SAN DIEGO CA 92123

Date of Receipt

10 / 27 / 2014

Amount

1,000.00

**D.** Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

/ /

Amount

**E.** Full Name of Donor

Mailing Address of Donor

City State Zip

Date of Receipt

/ /

Amount

**SUBTOTAL** of Donations This Page (optional) ▶

2,250.00

**TOTAL** This Period (last page this line number only) ▶  
(carry total from last page to Line 9)

1,5480.00

ACTION: AND: ON: TO

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<p><b>A. Full Name (Last, First, Middle Initial) of Payee</b>                  LOCKARD &amp; WECHSLER DIRECT</p> <p><b>Mailing Address of Payee</b>                  2 BRIDGE ST, SUITE 200</p> <p><b>City</b> IRVINGTON, <b>State</b> NY <b>Zip Code</b> 10533</p> <p><b>Name of Employer</b> _____ <b>Occupation</b> _____</p>	<p><b>Date of Disbursement or Obligation</b>                  10 / 15 / 2014</p> <p><b>Amount</b>                  15,000.00</p> <p><b>Communication Date</b>                  10 / 20 / 2014</p>
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**Purpose of Disbursement (Including title(s) of communication(s))**  
 RADIO ADS - BRUCE BRALEY FOR IOWA / CORY GARDNER FOR COLORADO

<p><b>Name of Federal Candidate</b>                  BRUCE BRALEY</p>	<p><b>Office Sought:</b>  <input type="checkbox"/> House  <input checked="" type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> IOWA  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>Name of Federal Candidate</b>                  CORY GARDNER</p>	<p><b>Office Sought:</b>  <input type="checkbox"/> House  <input checked="" type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> COLORADO  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>Name of Federal Candidate</b>                  _____</p>	<p><b>Office Sought:</b>  <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> _____  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>

<p><b>B. Full Name (Last, First, Middle Initial) of Payee</b></p> <p><b>Mailing Address of Payee</b></p> <p><b>City</b> _____ <b>State</b> _____ <b>Zip Code</b> _____</p> <p><b>Name of Employer</b> _____ <b>Occupation</b> _____</p>	<p><b>Date of Disbursement or Obligation</b></p> <p><b>Amount</b></p> <p><b>Communication Date</b></p>
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<p><b>Name of Federal Candidate</b></p>	<p><b>Office Sought:</b>  <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> _____  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>Name of Federal Candidate</b></p>	<p><b>Office Sought:</b>  <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> _____  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>
<p><b>Name of Federal Candidate</b></p>	<p><b>Office Sought:</b>  <input type="checkbox"/> House  <input type="checkbox"/> Senate  <input type="checkbox"/> President</p>	<p><b>State:</b> _____  <b>District:</b> _____</p>	<p><b>Disbursement/Obligation For:</b>  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▶</p>

<p><b>SUBTOTAL of Disbursements/Obligations This Page (optional)</b> .....</p>	<p>15,000.00</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p> <p>(carry total from last page to Line 10)</p>	<p>15,000.00</p>

FROM: FINANCIAL

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illégible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-mail</i>	Date of Receipt or Postmarked <i>12/17/2014</i>

*JA*  
 PREPARER  
 (8/2013)

*12/18/2014*  
 DATE PREPARED

FROM: MNO: ON: 21