

**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 1 1"/> | | <input type="text" value="39,047.50"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="39,047.50"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="5,800.00"/> | <input type="text" value="5,800.00"/> |
| (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="44,847.50"/> | <input type="text" value="44,847.50"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="10,000.00"/> | <input type="text" value="10,000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="34,847.50"/> | <input type="text" value="34,847.50"/> |
| 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

28039684910

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: / / To: / /

| 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)..... | <input type="text"/> | <input type="text"/> |
| (ii) Unitemized | 5,800.00 | 5,800.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 5,800.00 | 5,800.00 |
| (b) Political Party Committees | <input type="text"/> | <input type="text"/> |
| (c) Other Political Committees (such as PACs)..... | <input type="text"/> | <input type="text"/> |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶ | 5,800.00 | 5,800.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | <input type="text"/> | <input type="text"/> |
| 13. All Loans Received | <input type="text"/> | <input type="text"/> |
| 14. Loan Repayments Received..... | <input type="text"/> | <input type="text"/> |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | <input type="text"/> | <input type="text"/> |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | <input type="text"/> | <input type="text"/> |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | <input type="text"/> | <input type="text"/> |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | <input type="text"/> | <input type="text"/> |
| (b) Levin Funds (from Schedule H5)..... | <input type="text"/> | <input type="text"/> |
| (c) Total Transfers (add 18(a) and 18(b)).. | <input type="text"/> | <input type="text"/> |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 5,800.00 | 5,800.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 5,800.00 | 5,800.00 |

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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 | 9,500.00 | 9,500.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 9,500.00 | 9,500.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | | |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 500.00 | 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)).. | 10,000.00 | 10,000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 10,000.00 | 10,000.00 |

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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) | 5,800.00 | 5,800.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | ----- | ----- |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5,800.00 | 5,800.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 9,500.00 | 9,500.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | ----- | ----- |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 9,500.00 | 9,500.00 |

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**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 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 |

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. Full Name (Last, First, Middle Initial)
OnLine Image, Inc.

Date of Disbursement: MM / DD / YYYY
03 / 03 / 2008

Mailing Address
1591 Williamsport Drive
City: San Jose State: CA Zip Code: 95135

Purpose of Disbursement: software purchase

Candidate Name: _____

Amount of Each Disbursement this Period: 9,500.00

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) operating expense

B. Full Name (Last, First, Middle Initial)

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
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

C. Full Name (Last, First, Middle Initial)

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
State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

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

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

9,500.00

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**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 |

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NAME OF COMMITTEE (In Full)
International Chiropractors Association Political Action Committee

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Thelma Drake for Congress Committee | | Date of Disbursement MM / DD / YYYY 02 / 11 / 2008 |
| Mailing Address PO Box 61480 | | Amount of Each Disbursement this Period 500.00 |
| City Virginia Beach | State VA | |
| Zip Code 23466 | Purpose of Disbursement | Category/ Type |
| Candidate Name Rep. Thelma Drake | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: VA | District: 2nd | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: | District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | Amount of Each Disbursement this Period |
| City | State | |
| Zip Code | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| State: | District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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

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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
4/15/08

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

EA
 PREPARER
 (3/2005)

4/15/08
 DATE PREPARED

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