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FACSIMILE TRANSMITTAL SHEET

TO:	FROM: Mark A. McGinnis, Esq.
COMPANY: Federal Election Commission	DATE: June 10, 2008
FAX NUMBER: (202) 219-0174	TOTAL NO. OF PAGES INCLUDING COVER: 6
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE: Statement of Organization	YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Please find attached for filing. Original to follow.

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~Practices Limited to~

ELECTIONS, CAMPAIGN FINANCE, & POLITICAL LAW • FIRST AMENDMENT • INITIATIVE & REFERENDUM • GOVERNMENT ETHICS • OPEN MEETINGS & PUBLIC RECORDS

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VIA FACSIMILE: (202) 219-0174

June 10, 2008

Federal Election Commission
999 E Street, NW
Washington D.C. 20463

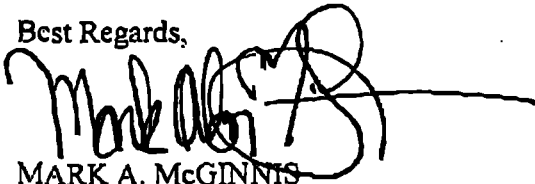
RE: NCAC C-PAC

To Whom It May Concern:

Attached please find a completed FEC Form 1 for filing on behalf of the above-referenced organization.

Please do not hesitate to contact me if additional information is needed.

Best Regards,



MARK A. MCGINNIS
Attorney at Law

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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

NCAC C-PAC

ADDRESS (number and street)

115 East Ohio Avenue

(Check if address is changed)

(Check if address is changed)

Sebring

OH

44572

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2. DATE

06 / 10 / 2008

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Deanne M Everett

Signature of Treasurer

Date

06 / 09 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9580 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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FEC Form 1 (Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

North Central Academy of Chiropractic

Mailing Address P.O. Box 2477

 North Canton OH 44720

CITY STATE ZIP CODE

Relationship Connected _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

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FEC Form 1 (Revised 02/2003)

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Write or Type Committee Name

NCAC C-FAC

7. Custodian of Records: Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name Dwaine M Everett

Mailing Address 115 East Ohio Avenue

Sebring OH 44672 -

Title or Position CITY A STATE A ZIP CODE A

Telephone number 330 - 938 - 0001

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Dwaine M Everett

Mailing Address 115 East Ohio Avenue

Sebring OH 44672 -

Title or Position CITY A STATE A ZIP CODE A

Treasurer Telephone number 330 - 938 - 0001

Full Name of Designated Agent _____

Mailing Address _____

Title or Position CITY A STATE A ZIP CODE A

Telephone number _____ - _____ - _____

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FEC Form 1 (Revised 02/2003)

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Chase Bank

Mailing Address

1100 East State Street

Alliance

OH

44601

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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.

28039743978

<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 Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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):	Date of Receipt or Postmarked
<p>The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.</p>	
N/A PREPARER	N/A DATE PREPARED