John Falardeau <JFalardeau@acatoday.org> on 10/21/2014 02:26:26 PM

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

Subject: FEC Form 9 submission

Please see attached FEC Form 9 submission. 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_Oct2014.pdf

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 C

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** BRALEY FOR IOWA 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 FALARDEAU

(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 (e) Occupation

AMERICAN CHIROPRACTIC ASSOCIATION 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 FALARDEAU

SIGNATURE _____ DATE 10-21-2014

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: MICHIGAN ASSOCIATION OF CHIROPRACTORS
Mailing Address of Donor: 416 W. IONIA ST.
City: LANSING State: MI Zip: 48933
Date of Receipt: 09 / 30 / 2014
Amount: 1,500.00

B. Full Name of Donor: INTERNATIONAL CHIROPRACTORS ASSOC.
Mailing Address of Donor: 6400 ARLINGTON BLVD, SUITE 800
City: FALLS CHURCH State: VA Zip: 22042
Date of Receipt: 10 / 07 / 2014
Amount: 1,000.00

C. Full Name of Donor: AMERICAN CHIROPRACTIC ASSOCIATION
Mailing Address of Donor: 1701 CLARENDON BLVD
City: ARLINGTON State: VA Zip: 22209
Date of Receipt: 10 / 15 / 2014
Amount: 1,000.00

D. Full Name of Donor: DR. JAY GREENSTEIN
Mailing Address of Donor: 631 A ST, SE
City: WASHINGTON State: DC Zip: 20005
Date of Receipt: 09 / 30 / 2014
Amount: 500.00

E. Full Name of Donor: DR. STUART HOFFMAN
Mailing Address of Donor: 9885 E. DAVENPORT DRIVE
City: SCOTTSDALE State: AZ Zip: 85260
Date of Receipt: 09 / 30 / 2014
Amount: 780.00

SUBTOTAL of Donations This Page (optional) ..... ▶ 4,780.00

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: GARRETT CUNEO
Mailing Address of Donor: 4866 KIPLING DRIVE
City: CARMICHAEL State: CA Zip: 95608
Date of Receipt: 09 / 23 / 2014
Amount: 20000.00

B. Full Name of Donor: CARL S. CLEVELAND III
Mailing Address of Donor: 411 W. 46th TER, APT. 804
City: KANSAS CITY State: MO Zip: 64112
Date of Receipt: 09 / 23 / 2014
Amount: 1000.00

C. Full Name of Donor: J. MICHAEL FLYNN
Mailing Address of Donor: 4 DANDRA CIRCLE
City: HOUMA State: LA Zip: 70360
Date of Receipt: 09 / 23 / 2014
Amount: 2500.00

D. Full Name of Donor: PAIN 2 WELLNESS CENTER
Mailing Address of Donor: 3916 CASCADE RD, SW, STE 220
City: ATLANTA State: GA Zip: 30331
Date of Receipt: 09 / 24 / 2014
Amount: 1500.00

E. Full Name of Donor: CHARLES DUBOIS
Mailing Address of Donor: 4513 HEWITTS POINT ROAD
City: OCONOMOWOC State: WI Zip: 53066
Date of Receipt: 09 / 24 / 2014
Amount: 2000.00

SUBTOTAL of Donations This Page (optional) ..... ▶ 36000.00

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
MICHELE MAIERS
Mailing Address of Donor
5433 BRYANT AVE, S.
City: MINNEAPOLIS State: MN Zip: 55419
Date of Receipt: 08 / 27 / 2014
Amount: 100.00

B. Full Name of Donor
WAYNE WOLFSON
Mailing Address of Donor
1266 VIA SALERNO
City: WINTER PARK State: FL Zip: 32789
Date of Receipt: 08 / 27 / 2014
Amount: 100.00

C. Full Name of Donor
BRENKS/HROVAT COACHING
Mailing Address of Donor
12577 BELLAIRE ST
City: THORNTON State: CO Zip: 80241
Date of Receipt: 08 / 27 / 2014
Amount: 800.00

D. Full Name of Donor
FRANK NICCHI
Mailing Address of Donor
2333 ST. RT. 89
City: SENECA FALLS State: NY Zip: 13148
Date of Receipt: 08 / 23 / 2014
Amount: 150.00

E. Full Name of Donor
JOHN C. NAB
Mailing Address of Donor
S19W37721 PASTEUR CT
City: DOUSMAN State: WI Zip: 53118
Date of Receipt: 08 / 24 / 2014
Amount: 250.00

SUBTOTAL of Donations This Page (optional) ..... ▶ 2300.00

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor: WILLIAM MEEKER
Mailing Address of Donor: 1167 BRACE AVE.
City: SAN JOSE State: CA Zip: 95125
Date of Receipt: 09 30 2014
Amount: 30000

B. Full Name of Donor: DAVID S. O'BRYON
Mailing Address of Donor: 4906 MONTGOMERY LANE
City: BETHESDA State: MD Zip: 20814
Date of Receipt: 10 10 2014
Amount: 100000

C. Full Name of Donor: LEWIS J. BOZAKOS
Mailing Address of Donor: PO BOX 397
City: VALLEY STREAM State: NY Zip: 11582
Date of Receipt: 10 07 2014
Amount: 25000

D. Full Name of Donor: INTEGRATED MEDIA CONCEPTS, LLC
Mailing Address of Donor: 1000 N. WEST ST. #1200
City: WILMINGTON State: DE Zip: 19801
Date of Receipt: 10 03 2014
Amount: 70000

E. Full Name of Donor: LIFE TOUCH CHIROPRACTIC, LLC
Mailing Address of Donor: 103 E. MARKET ST.
City: CHATSWORTH State: GA Zip: 30705
Date of Receipt: 10 03 2014
Amount: 30000

SUBTOTAL of Donations This Page (optional) ..... ▶ 255000

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

SCHEDULE 9-A
Donation(s) Received

A. Full Name of Donor
SINGER MANAGEMENT NETWORK, INC.
Mailing Address of Donor
2775 NW 49th AVE #205-361
City State Zip
OCALA, FL 34482
Date of Receipt: 10 / 19 / 2014
Amount: 10,000.00

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: 09 / 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: MM / DD / YYYY
Amount

E. Full Name of Donor
Mailing Address of Donor
City State Zip
Date of Receipt: MM / DD / YYYY
Amount

SUBTOTAL of Donations This Page (optional) ..... ▶ 2,250.00

TOTAL This Period (last page this line number only) ..... ▶ 15,480.00
(carry total from last page to Line 9)

SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee: LOCKARD & WECHSLER DIRECT

Mailing Address of Payee: 2 BRIDGE ST, SUITE 200

City: IRVINGTON, State: NY, Zip Code: 10533

Name of Employer: Occupation:

Date of Disbursement or Obligation: 10 / 15 / 2014

Amount: 15,000.00

Communication Date: 10 / 20 / 2014

Purpose of Disbursement (including title(s) of communication(s)): RADIO ADS, BRUCE BRALEY FOR IOWA / CORY GARDNER FOR COLORADO

Name of Federal Candidate: BRUCE BRALEY
Office Sought: [ ] House [✓] Senate [ ] President
State: IOWA District:
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶

Name of Federal Candidate: CORY GARDNER
Office Sought: [ ] House [✓] Senate [ ] President
State: COLORADO District:
Disbursement/Obligation For: [ ] Primary [✓] General [ ] Other (specify) ▶

Name of Federal Candidate:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

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

Mailing Address of Payee

City State Zip Code

Name of Employer Occupation

Date of Disbursement or Obligation: MM / DD / YYYY

Amount

Communication Date: MM / DD / YYYY

Purpose of Disbursement (including title(s) of communication(s))

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

Name of Federal Candidate
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement/Obligation For: [ ] Primary [ ] General [ ] Other (specify) ▶

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶ 15,000.00

TOTAL This Period (last page this line number only) ▶ 15,000.00
(carry total from last page to Line 10)

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
☐ USPS First Class Mail	Postmarked
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☐ 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): E-Mail	Date of Receipt or Postmarked 10/21/2014
OR PREPARER	10/21/2014 DATE PREPARED

(8/2013)