

2010 APR 15 PM 12:05

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
**CHIROPRACTORS OF NEBRASKA POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) 1215 Birch Drive, Suite 103  
Check if different than previously reported. (ACC) Omaha NE 68164

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C 00043471

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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 1 1 2010 through 3 31 2010

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 Jeff Freeman

Signature of Treasurer *Jeff Freeman* Date 04 14 2010

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

Office Use Only										<b>FEC FORM 3X</b> Rev. 12/2004
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**CHIROPRACTORS OF NEBRASKA POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

1 1 2010

To:

3 31 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2010		7,161.48
(b) Cash on Hand at Beginning of Reporting Period	7,161.48	
(c) Total Receipts (from Line 19)	3,012.45	3,012.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	10,173.93	10,173.93
7. Total Disbursements (from Line 31)	4,112.97	4,112.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,060.96	6,060.96
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

10030293227

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name  
**CHIROPRACTORS OF NEBRASKA POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: **1 1 2010** To: **3 31 2010**

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	800.00	800.00
(ii) Unitemized .....	2,210.00	2,210.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3,010.00	3,010.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	3,010.00	3,010.00
12. Transfers From Affiliated/Other Party Committees.....		
13. All Loans Received .....		
14. Loan Repayments Received.....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		
17. Other Federal Receipts (Dividends, Interest, etc.).....	2.45	2.45
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....		
(b) Levin Funds (from Schedule H5).....		
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	3,012.45	3,012.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3,012.45	3,012.45

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	0.00	
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	387.97	387.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	387.97	387.97
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3,725.00	3,725.00
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)).....	0.00	0.00
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)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4,112.97	4,112.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4,112.97	4,112.97

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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) .....	3,010.00	3,010.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3,010.00	3,010.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	387.97	387.97
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	387.97	387.97

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**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

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"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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)  
**CHIROPRACTORS OF NEBRASKA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Bowhay, Brook M.</b>			Date of Receipt
Mailing Address 226 W 38th Street			
City Scottsbluff	State NE	Zip Code 69361	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Bluffs Chiropractic Clinic, PC		Occupation Chiropractor	<b>Monthly x3 (Jan-Mar)</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>300.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Corey, Russell</b>			Date of Receipt
Mailing Address 3714 South 132nd Street			
City Omaha	State NE	Zip Code 68144	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Millard Chiropractic Clinic		Occupation Chiropractor	<b>Monthly x2 (Feb-Mar)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>200.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Iverson, Casey J.</b>			Date of Receipt
Mailing Address 1804 W Forrest Street / Box 2371			
City Grand Island	State NE	Zip Code 68802	
FEC ID number of contributing federal political committee. <b>C</b>			Amount of Each Receipt this Period <b>100.00</b>
Name of Employer Iverson Chiropractic Clinic PC		Occupation Chiropractor	<b>Monthly x3 (Jan-Mar)</b>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>300.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>800.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>800.00</b>

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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 2					
	<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		

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NAME OF COMMITTEE (In Full)  
**CHIROPRACTORS OF NEBRASKA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Adrian Smith for Congress</b>		Date of Disbursement <b>01 08 2010</b>
Mailing Address 3321 Avenue 1, Suite 6		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Scottsbluff</b>	State <b>NE</b>	
Zip Code <b>69361</b>		Category/ Type
Purpose of Disbursement <b>Contribution</b>		
Candidate Name <b>Adrian Smith</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NE</b> District: <b>3</b>	

Full Name (Last, First, Middle Initial) <b>B. Adrian Smith for Congress</b>		Date of Disbursement <b>01 08 2010</b>
Mailing Address 3321 Avenue 1, Suite 6		Amount of Each Disbursement this Period <b>225.00</b>
City <b>Scottsbluff</b>	State <b>NE</b>	
Zip Code <b>69361</b>		Category/ Type
Purpose of Disbursement <b>Contribution</b>		
Candidate Name <b>Adrian Smith</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NE</b> District: <b>3</b>	

Full Name (Last, First, Middle Initial) <b>C. Adrian Smith for Congress</b>		Date of Disbursement <b>03 05 2010</b>
Mailing Address 3321 Avenue 1, Suite 6		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Scottsbluff</b>	State <b>NE</b>	
Zip Code <b>69361</b>		Category/ Type
Purpose of Disbursement <b>Contribution</b>		
Candidate Name <b>Adrian Smith</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NE</b> District: <b>3</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1,475.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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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 2 OF 2			
	<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

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NAME OF COMMITTEE (In Full)  
**CHIROPRACTORS OF NEBRASKA POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Lee Terry for Congress</b>		Date of Disbursement <b>01 08 2010</b>
Mailing Address PO Box 540098		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Omaha</b>	State <b>NE</b>	
Zip Code <b>68154</b>		Category/ Type
Purpose of Disbursement <b>Contribution</b>		
Candidate Name <b>Lee Terry</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NE</b> District: <b>2</b>	

Full Name (Last, First, Middle Initial) <b>B. Lee Terry for Congress</b>		Date of Disbursement <b>03 03 2010</b>
Mailing Address PO Box 540098		Amount of Each Disbursement this Period <b>250.00</b>
City <b>Omaha</b>	State <b>NE</b>	
Zip Code <b>68154</b>		Category/ Type
Purpose of Disbursement <b>Contribution</b>		
Candidate Name <b>Lee Terry</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: <b>NE</b> District: <b>2</b>	

Full Name (Last, First, Middle Initial) <b>C. Huck PAC</b>		Date of Disbursement <b>02 17 2010</b>
Mailing Address PO Box 2008		Amount of Each Disbursement this Period <b>1,000.00</b>
City <b>Little Rock</b>	State <b>AR</b>	
Zip Code <b>72203</b>		Category/ Type
Purpose of Disbursement <b>Contribution</b>		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>2,250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>3,725.00</b>

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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

USPS First Class Mail Postmarked

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USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *FedEx* Shipping Date  
*4/14/10*  
 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

*Jm W*  
 PREPARER  
 (3/2005)

*4/15/10*  
 DATE PREPARED

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