

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Better Access to Chiropractic PAC (Chiropractic Future, LLC)

ADDRESS (number and street) PO Box 707

(Check if address is changed)

Molalla CITY ▲ OR STATE ▲ 97038 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) info@chiropracticfuture.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 04 / 18 / 2022

3. FEC IDENTIFICATION NUMBER ► C C00813006

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 Wendt, Rachel, , ,

Signature of Treasurer Wendt, Rachel, , , Date 05 / 22 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

Candidate Committee:

- (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 _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

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

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____

2. _____

C _____

C _____

Write or Type Committee Name

Better Access to Chiropractic PAC (Chiropractic Future, LLC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Chiropractic Future, LLC (Chiropractic Future, LLC)

Mailing Address

PO Box 707

Molalla

OR

97038

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Organization

Joint Fundraising Representative

Leadership PAC Sponsor

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

Wendt, Rachel, , ,

Mailing Address

PO Box 707

Molalla

OR

97038

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

503

922

2933

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

Wendt, Rachel, , ,

Mailing Address

PO Box 707

Molalla

OR

97038

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

503

922

2933

Full Name of Designated Agent

Wendt, Rachel, , ,

Mailing Address

PO Box 707

Molalla

OR

97038

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

503

922

2933

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.

Chiropractic Federal Credit Union

Mailing Address

23617 Liberty

Farmington

MI

48335

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Lingen, Carl, , , _____

Mailing Address PO Box 707 _____

Molalla OR 97038 _____

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone Number 503 - 922 - 2933

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. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲