

RECEIVED

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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  
International Chiropractors Association Political Action Committee

ADDRESS (number and street) 6400 Arlington Boulevard  
Suite 800  
Arlington VA 22042  
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE  
C 03329920 3. IS THIS REPORT NEW OR AMENDED  
X (N) (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports: April 15 Quarterly Report (Q1) [XX] 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: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)  
Election on M M / D D / Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)  
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 01 2011 through 03 31 2011

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 Ronald M. Hendrickson Assistant Treasurer

Signature of Treasurer [Handwritten Signature] Date 04 15 2011

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 [Grid] FEC FORM 3X Rev. 12/2004

11030593328

**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: 

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	1	/	2	0	1	1

 To: 

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		\$27,573.00
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period.....	\$27,573.00									
(c) Total Receipts (from Line 19).....	\$17,068.00	\$17,068.00								
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	\$44,641.00	\$44,641.00								
7. Total Disbursements (from Line 31).....	\$6,850.00	\$6,850.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	\$37,791.00	\$37,791.00								
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

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**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: **01 / 01 / 2011** To: **03 / 31 / 2011**

**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).....

\$11,550.00

\$11,550.00

(ii) Unitemized.....

\$5,568.00

\$5,568.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

\$17,068.00

\$17,068.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Line 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

\$17,068.00

\$17,068.00

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).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

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))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

\$17,068.00

\$17,068.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

\$17,068.00

\$17,068.00

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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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	\$350.00	\$350.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	\$350.00	\$350.00
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	\$1,500.00	\$1,500.00
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 .....	\$5,000.00	\$5,000.00
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))..	\$6,850.00	\$6,850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	\$350.00	\$350.00

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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) .....	\$17,068.00	\$17,068.00
34. Total Contribution Refunds (from Line 28(d)) .....	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	\$17,068.00	\$17,068.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	\$350.00	\$350.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	\$350.00	\$350.00

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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 8						
	<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)  
INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
**A. Cretsinger, W. Gene**

Mailing Address  
1967 51st Street NE

City Cedar Rapids State IA Zip Code 52402

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Doctor of chiropractic

Receipt For:  
 Primary  General  
 Other (specify) ▼ committee donation

Aggregate Year-to-Date ▼  
\$500.00

Date of Receipt  
03 / 09 / 2011

Amount of Each Receipt this Period  
\$500.00

Full Name (Last, First, Middle Initial)  
**B. Stevens, Bruce D.**

Mailing Address  
217-A West Central Ave.

City Lompoc State CA Zip Code 93436

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Doctor of Chiropractic

Receipt For:  
 Primary  General  
 Other (specify) ▼ committee donation

Aggregate Year-to-Date ▼  
\$500.00

Date of Receipt  
03 / 02 / 2011

Amount of Each Receipt this Period  
\$500.00

Full Name (Last, First, Middle Initial)  
**C. Thiele, Steven**

Mailing Address  
200 West Center Street

City Manchester State CT Zip Code 06040

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed Occupation Doctor of Chiropractic

Receipt For:  
 Primary  General  
 Other (specify) ▼ committee donation

Aggregate Year-to-Date ▼  
\$250.00

Date of Receipt  
03 / 01 / 2011

Amount of Each Receipt this Period  
\$250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶

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

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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:		PAGE 2 OF 8		
	(check only one)	<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

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Reed, Paul A.</b>		Date of Receipt 03 / 03 / 2011
Mailing Address 13712 NE 20th Avenue City: Vancouver State: WA Zip Code: 98686		Amount of Each Receipt this Period \$300.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation	Aggregate Year-to-Date ▼ \$300.00	

Full Name (Last, First, Middle Initial) <b>B. Ribley, Charles E.</b>		Date of Receipt 03 / 01 / 2011
Mailing Address 6736 Vista Del Lago Ave. City: Land O Lakes State: FL Zip Code: 34631		Amount of Each Receipt this Period \$300.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation	Aggregate Year-to-Date ▼ \$300.00	

Full Name (Last, First, Middle Initial) <b>C. Burgess, Jillana G.</b>		Date of Receipt 03 / 01 / 2011
Mailing Address 315 W. Washington Street City: Artesia State: NM Zip Code: 88210		Amount of Each Receipt this Period \$500.00
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation	Aggregate Year-to-Date ▼ \$500.00	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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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: PAGE 3 OF 8

(check only one)

<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			

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NAME OF COMMITTEE (In Full)

INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) <b>A. Ernest Landi, DC</b>		Date of Receipt M / D / Y 03 / 02 / 2011
Mailing Address 787 Chestnut Ridge Road		Amount of Each Receipt this Period \$500.00
City Chestnut Ridge	State Zip Code NY 10977	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$500.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation	Aggregate Year-to-Date ▼ \$500.00	

Full Name (Last, First, Middle Initial) <b>B. Burrowes, Jeff</b>		Date of Receipt M / D / Y 03 / 02 / 2011
Mailing Address 411 Pompton Avenue		Amount of Each Receipt this Period \$500.00
City Cedar Grove	State Zip Code NJ 07009	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$500.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation	Aggregate Year-to-Date ▼ \$500.00	

Full Name (Last, First, Middle Initial) <b>C. Mitchell, Donald R.</b>		Date of Receipt M / D / Y 03 / 01 / 2011
Mailing Address 901 Puerto Rico Ave.		Amount of Each Receipt this Period \$250.00
City Alamogordo	State Zip Code NM 88310	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period \$250.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation	Aggregate Year-to-Date ▼ \$250.00	

SUBTOTAL of Receipts This Page (optional).....▶  
TOTAL This Period (last page this line number only).....▶

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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 4 OF 8	
	<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

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Riekeman, Cathy</b>		Date of Receipt MM / DD / YYYY <b>03 / 01 / 2011</b>
Mailing Address <b>2001 Sam Mateo Blvd, NE</b>		Amount of Each Receipt this Period <b>\$1,000.00</b>
City <b>Albuquerque</b>	State Zip Code <b>NM 87110</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>\$1,000.00</b>
Name of Employer <b>Self-Employed</b>	Occupation <b>Doctor of Chiropractic</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>committee donation</b>		

Full Name (Last, First, Middle Initial) <b>B. Benson, Ronald M.</b>		Date of Receipt MM / DD / YYYY <b>03 / 08 / 2011</b>
Mailing Address <b>2471 Berryessa Road</b>		Amount of Each Receipt this Period <b>\$250.00</b>
City <b>San Jose</b>	State Zip Code <b>CA 95133</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>\$250.00</b>
Name of Employer <b>Self-Employed</b>	Occupation <b>Doctor of Chiropractic</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>committee donation</b>		

Full Name (Last, First, Middle Initial) <b>C. Walsemann, Gary L.</b>		Date of Receipt MM / DD / YYYY <b>03 / 01 / 2011</b>
Mailing Address <b>104 Cody Road</b>		Amount of Each Receipt this Period <b>\$500.00</b>
City <b>Alexander City</b>	State Zip Code <b>AL 35010</b>	
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ <b>\$625.00</b>
Name of Employer <b>Self-Employed</b>	Occupation <b>Doctor of Chiropractic</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ <b>committee donation</b>		

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

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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 5 OF 8	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Riekeman, Guy F.</b>		Date of Receipt 03 / 01 / 2011
Mailing Address 1269 Barclay Circle		Amount of Each Receipt this Period \$1,000.00
City Marietta	State Zip Code GA 30060	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date \$1,000.00
Name of Employer Life University	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation		

Full Name (Last, First, Middle Initial) <b>B. Carter, Jephtha A.</b>		Date of Receipt 03 / 01 / 2011
Mailing Address 2580 N. Silver Street		Amount of Each Receipt this Period \$500.00
City Silver City	State Zip Code NM 88061	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date \$500.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation		

Full Name (Last, First, Middle Initial) <b>C. Gorman, Sharon</b>		Date of Receipt 03 / 01 / 2011
Mailing Address 21 Crystal Street		Amount of Each Receipt this Period \$500.00
City East Stroudsburg	State Zip Code PA 18301	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date \$500.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation		

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	

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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:		PAGE 6 OF 8	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Clum, Gerard W.</b>		Date of Receipt 02 / 28 / 2011
Mailing Address 306 Begier Avenue		Amount of Each Receipt this Period \$500.00
City San Leandro	State Zip Code CA 94577	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date \$500.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation		

Full Name (Last, First, Middle Initial) <b>B. Dupo, Joseph</b>		Date of Receipt 03 / 08 / 2011
Mailing Address 12912 East 8 Mile Road		Amount of Each Receipt this Period \$1,000.00
City Detroit	State Zip Code MI 48205	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date \$1,000.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation		

Full Name (Last, First, Middle Initial) <b>C. Markson, Lawrence</b>		Date of Receipt 03 / 02 / 2011
Mailing Address 2565 NW 59th Street		Amount of Each Receipt this Period \$1,000.00
City Boca Raton	State Zip Code FL 33496	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date \$1,000.00
Name of Employer Self-Employed	Occupation Doctor of Chiropractic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ committee donation		

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

1103502220

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <b>PAGE 7 OF 8</b>	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**INTERNATTONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Mitchell, Ronald M.**

Mailing Address  
**816 Spruce Street**

City **Las Cruces** State **NM** Zip Code **88001**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Doctor of Chiropractic**

Receipt For:  
 Primary  General  
 Other (specify) **committee donation**

Aggregate Year-to-Date **\$500.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 01 / 2011**

Amount of Each Receipt this Period  
**\$500.00**

Full Name (Last, First, Middle Initial)  
**B. Handt, Jay**

Mailing Address  
**91 Central Park West**

City **New York** State **NY** Zip Code **10023**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Doctor of Chiropractic**

Receipt For:  
 Primary  General  
 Other (specify) **committee donation**

Aggregate Year-to-Date **\$500.00**

Date of Receipt  
MM / DD / YYYY  
**03 / 01 / 2011**

Amount of Each Receipt this Period  
**\$500.00**

Full Name (Last, First, Middle Initial)  
**C. Rubienstein, Gregg**

Mailing Address  
**1119 W. 57th Street**

City **New York** State **NY** Zip Code **10005**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self-Employed** Occupation **Doctor of Chiropractic**

Receipt For:  
 Primary  General  
 Other (specify) **committee donation**

Aggregate Year-to-Date **\$200.00**

Date of Receipt  
MM / DD / YYYY  
**02 / 28 / 2011**

Amount of Each Receipt this Period  
**\$200.00**

**SUBTOTAL** of Receipts This Page (optional).....▶

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

1103050329

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 8

(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (in Full)

INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Hofmann, John A.

Mailing Address

18867 Circle Lane N.

City

Southgate

State

MI

Zip Code

48195

FEC ID number of contributing federal political committee.

C

Name of Employer

Self-Employed

Occupation

Doctor of Chiropractic

Receipt For:

Primary  General  
 Other (specify) ▼

committee donation

Aggregate Year-to-Date ▼

\$500.00

Date of Receipt

MM / DD / YYYY  
 02 / 28 / 2011

Amount of Each Receipt this Period

\$500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

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

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

\$500.00

\$11,550.00

11030503340

**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	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (in Full)  
**INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. On-Line Image</b>		Date of Disbursement 03 / 28 / 2011
Mailing Address 1591 Williamsport Five		Amount of Each Disbursement this Period \$350.00
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement software purchase	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 checked="" type="checkbox"/> Other (specify) ▼ operating expense	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
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) <b>C.</b>		Date of Disbursement
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	▶	
<b>TOTAL</b> This Period (last page this line number only).....	▶	\$350.00

110305924

**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"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. KANSAS DEMOCRATIC PARTY</b>		Date of Disbursement MM / DD / YYYY <b>02 / 01 / 2011</b>
Mailing Address <b>700 SW Jackson Street</b>		Amount of Each Disbursement this Period <b>\$1,500.00</b>
City <b>Topeka</b>	State <b>KS</b>	
Zip Code <b>66603</b>	Purpose of Disbursement <b>donation</b>	
Category/Type <b>state party</b>	Candidate Name <b>state party</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>non-federal general fund donation</b>	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	▶	
<b>TOTAL</b> This Period (last page this line number only).....	▶	<b>\$1,500.00</b>

11039593342

**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

21b  22  23  24  25  26  
 27  28a  28b  28c  29  30b

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NAME OF COMMITTEE (in Full)

INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. J.D. Bullington & Associates

Date of Disbursement

03 / 10 / 2011

Mailing Address

1227 Paseo Peralta

City

State

Zip Code

Santa Fe

NM

87501

Purpose of Disbursement

consulting fee

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

\$5,000.00

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

professional services

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

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

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

\$5,000.00

11020503343



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  
4/15/11

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

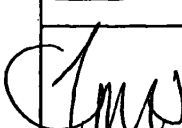
Overnight Delivery Service (Specify): Shipping Date  
 Next Business Day Delivery

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

  
 PREPARER

4/18/11  
 DATE PREPARED

11030593344