

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

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

FOR LINE NUMBER: PAGE OF

(check only one)

11a 11b 11c 12

13 14 15 16 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

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

Mailing Address
6400 Aulington Boulevard Suite 800

City **Falls Church** State **VA** Zip Code **22042**

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

Name of Employer **International Chiropractors Assn** Occupation **Association Manager**

Receipt For:
 Primary General
 Other (specify) **Personal donation to the Committee**

Aggregate Year-to-Date **\$750.00**

Date of Receipt
11 / 20 / 2015

Amount of Each Receipt this Period
\$750.00

B. Noell, DR. Kent
Full Name (Last, First, Middle Initial)

Mailing Address
28 Royal Oaks Circle

City **Denton** State **TX** Zip Code **76210**

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

Name of Employer **Self employed** Occupation **Doctor of Chiropractic**

Receipt For:
 Primary General
 Other (specify) **Personal donation to the Committee**

Aggregate Year-to-Date **250.00**

Date of Receipt
10 / 13 / 2015

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **1,000.00**

TOTAL This Period (last page this line number only) **1,000.00**

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