

**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: 11th 23rd 2004 To: 12th 31st 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		22,825.32
(b) Cash on Hand at Beginning of Reporting Period	38,920.52	
(c) Total Receipts (from Line 19)	10,295.00	45,955.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)	49,215.52	68,780.32
7. Total Disbursements (from Line 5f)	17,787.51	37,352.31
8. Cash on Hand at Close of Reporting Period (add/sub Line 7 from Line 6(d))	31,428.01	31,428.01
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
950 E Street, NW
Washington, DC 20463

Toll Free 800-424-6580
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 28X (Rev. 02/2003)

Page 3

Write or Type Committee Name:

International Chiropractors Association - Political Action Committee

Report Covering the Period: From: 11 23 2004 To: 12 31 2004

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).....	1,900.00	9,400.00
(ii) Unitemized.....	8,395.00	35,555.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10,295.00	45,955.00
(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).....▶	10,295.00	45,955.00
12. Transfers From Affiliated/Other Party Committees.....	-----	-----
13. All Loans Received.....	-----	-----
14. Loan Repayments Received.....	-----	-----
15. Offsets To Operating Expenditures (Refunds, Retenes, etc.) (Carry Totals to Line 37, page 6).....	-----	-----
16. Funds of Contributors 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)).....▶	10,295.00	45,955.00
20. Total Federal Receipts (subtract Line 19(c) from Line 19).....▶	10,295.00	45,955.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 500 (Rev. 02/2003)

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		
(c) Other Federal Operating Expenditures	17,787.51	29,852.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	17,787.51	29,852.31
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		7,500.00
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		
30. Federal Election Activity (2 U.S.C. §431(2G))		
(a) Allocated Federal Election Activity (from Schedule H8)		
(i) Federal Share		
(ii) "Levy" 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))	17,787.51	37,352.31
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	17,787.51	37,352.31

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 28X (Rev. 02/2005)

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)	10,295.00	45,955.00
34. Total Contribution Refunds (from Line 25(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,295.00	45,955.00
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b))	17,787.51	29,852.31
37. Offset to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	17,787.51	29,852.31

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

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

 FOR LINE NUMBER
(check only one)

PAGE 1 OF 1

 11a
 11b
 11c
 11d
 11e
 11f
 11g
 11h
 11i
 11j
 11k
 11l
 11m
 11n
 11o
 11p
 11q
 11r
 11s
 11t
 11u
 11v
 11w
 11x
 11y
 11z

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of securing 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. Hulsebus, Dr. Michael J.

Date of Receipt

12 16 2004

Mailing Address

1977 Daimler Avenue

City

Rockford

State

IL

Zip Code

61112

Amount of Each Receipt this Period

300.00

 FEC ID number of contributing
federal political committee

C

Name of Employer

self-employed

Occupation

chiropractor

Receipt For:

 Priority
 General
 Other (specify)

Aggregate Year-to-Date

425.00

Full Name (Last, First, Middle Initial)

B. Hendrickson, Ronald M.

Date of Receipt

11 24 2004

Mailing Address

1110 N. Glebe Road, No. 650

City

Arlington

State

VA

Zip Code

22201

Amount of Each Receipt this Period

600.00

 FEC ID number of contributing
federal political committee

C

Name of Employer

ICA

Occupation

Association Manager

Receipt For:

 Priority
 General
 Other (specify)

Aggregate Year-to-Date

750.00

Full Name (Last, First, Middle Initial)

C. Hendrickson, Ronald M.

Date of Receipt

12 23 2005

Mailing Address

1110 N Glebe Road, No. 650

City

Arlington

State

VA

Zip Code

22201

Amount of Each Receipt this Period

1,000.00

 FEC ID number of contributing
federal political committee

C

Name of Employer

ICA

Occupation

Association Manager

Receipt For:

 Priority
 General
 Other (specify)

Aggregate Year-to-Date

1,750.00

SUBTOTAL of Receipts This Page (cellular)

TOTAL This Period (last page line number only)

1900.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

POST LINE NUMBER: (check only one)

PAGE 1 OF 3

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

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NAME OF COMMITTEE (in full)

International Chiropractors Association-Political Action Committee

A. Bellis

Full Name (Last, First, Middle Initial) _____ Date of Disbursement
 11 24 2004

Mailing Address: 1821 M Street, NW
 City Washington State DC Zip Code 20036

Purpose of Disbursement: reception expenses
 Amount of Each Disbursement this Period: 292.40

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) operating expense

State: _____ District: _____

B. Greene, Marjorie

Full Name (Last, First, Middle Initial) _____ Date of Disbursement
 11 24 2004

Mailing Address: 1110 North Glebe Road, Suite 650
 City Arlington State VA Zip Code 22201

Purpose of Disbursement: data base services
 Amount of Each Disbursement this Period: 200.00

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) operating expense

State: _____ District: _____

C. Rubinstein, Henry M., Esq.

Full Name (Last, First, Middle Initial) _____ Date of Disbursement
 11 24 2004

Mailing Address: 11482 Southwest 81st Road
 City Miami State FL Zip Code 33156

Purpose of Disbursement: legal fee
 Amount of Each Disbursement this Period: 3,000.00

Candidate Name _____ Category/Type _____

Office Sought: House Senate President
 Disbursement For: Primary General
 Other (specify) operating expense

State: _____ District: _____

SUBTOTAL of Disbursements This Page (optional) 3,492.40

TOTAL This Period (last page dis sum number only)

**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 3
	<input checked="" type="checkbox"/> 21a <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) A. Longie, Dr. Rick B.	Date of Disbursement 11 / 24 / 2004
Mailing Address 925 South Church Street	Amount of Each Disbursement this Period 3,000.00
City Murfreesboro State TN Zip Code 37130	
Purpose of Disbursement grant	Category/Type
Candidate Name	
Office Sought: House Senate 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. US Postal Service	Date of Disbursement 12 / 13 / 2004
Mailing Address North Station, George Mason Drive	Amount of Each Disbursement this Period 37.00
City Arlington State VA Zip Code 22301	
Purpose of Disbursement postage expense	Category/Type
Candidate Name	
Office Sought: House Senate 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) C. TCD Inc.	Date of Disbursement 12 / 23 / 2004
Mailing Address 587 N. Ventura Parkway	Amount of Each Disbursement this Period 3,000.00
City Newbury Park State CA Zip Code 91320	
Purpose of Disbursement event deposit	Category/Type
Candidate Name	
Office Sought: House Senate President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) operating expense

SUBTOTAL of Disbursements This Page (optional) 11,037.00
TOTAL This Period (last page this line number only)

**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 3 OF 3	
	<input checked="" type="checkbox"/> 21c	<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"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30c

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NAME OF COMMITTEE (in Full)
International Chiropractors Association - Political Action Committee

Full Name (Last, First, Middle Initial) A. Hendrickson, Ronald M.		Date of Disbursement 11 24 2004
Mailing Address 1110 N. Glebe Road, No. 650		Amount of Each Disbursement This Period 292.27
City Arlington State VA Zip Code 22201		
Purpose of Disbursement reimbursement for travel expense		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 checked="" type="checkbox"/> Other (specify) operating expense	
State: District:		

Full Name (Last, First, Middle Initial) B. Marjorie Greene		Date of Disbursement 12 20 2004
Mailing Address 1110 N. Glebe Road, No. 650		Amount of Each Disbursement This Period 200.00
City Arlington State VA Zip Code 22201		
Purpose of Disbursement data base services		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 checked="" type="checkbox"/> Other (specify) operating expense	
State: District:		

Full Name (Last, First, Middle Initial) C. TCDA, Inc.		Date of Disbursement 12 20 2004
Mailing Address 587 N. Ventura Parkway		Amount of Each Disbursement This Period 2,765.84
City Newbury Park State CA Zip Code 91320		
Purpose of Disbursement conference expense deposit		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 checked="" type="checkbox"/> Other (specify) operating expense	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	
TOTAL This Period (last page this line number only).....	17,787.51

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 2-16-05
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Set</i> PREPARER	2-16-05 DATE PREPARED