

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Page 2

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

International Chiropractors Association - Political Action Committee

Report Covering the Period: From: 10 22 2004 to: 13 22 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.....	36,920. 52	
	(c) Total Receipts (from Line 19).....	8, 200. 00	35,660. 00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B).....	45, 120. 52	58,485. 32
7.	Total Disbursements (from Line 31).....	6, 200. 00	19,564. 52
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	38, 920. 52	38,920.52
9.	Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....		
10.	Debt and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....		

This committee has qualified as a multi-candidate committee. (see FEC FORM 121)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20453

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

International Chiropractors Association - Political Action Committee

Report Covering the Period From: **10 22 2004** To: **11 22 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 R).....	3,500.00	7,500.00
(ii) Unitemized	5,200.00	28,160.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))	8,200.00	35,660.00
(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 39, page 5)	8,200.00	35,660.00
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 H).....		
(b) Levin Funds (from Schedule HB)		
(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))	8,200.00	35,660.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8,200.00	35,660.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form IX (Rev. 10/2002)

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	6,200.00	11,814.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	6,200.00	11,814.00	
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees		7,500.00	
24. Independent Expenditures (see Schedule E)			
25. Coordinated Party Expenditures (2 U.S.C. §447a(c)) (see 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 Contributions Refunds (add Lines 28(a), (b), and (c))			
29. Other Disbursements			
30. Federal Election Activity (2 U.S.C. §431(2))			
(a) Allocated Federal Election Activity (from Schedule H3)			
(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))	6,200.00	19,564.80	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(b) from Line 31)	6,200.00	19,564.80	

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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 9)	8,200.00	35,660.00
34. Total Contribution Refunds (from Line 23(d))	-	-
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8,200.00	35,660.00
36. Total Federal Operating Expenditures (add Lines 21(a)(i) and Line 21(a)(j))	6,200.00	11,814.80
37. Offsets to Operating Expenditures (from Line 15, page 3)	-	-
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6,200.00	11,814.80

**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 2	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from these Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for any other 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. Groene, James		Date of Receipt 11 01 2004	
Mailing Address 410 West 16th Street		Amount of Each Receipt This Period 800.00	
City Schuyler	State NE	Zip Code 68661	
FEC ID number of contributing federal political committee C			
Name of Employer self-employed	Occupation chiropractor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) General donation to committee		Aggregate Year-to-Date 800.00	

Full Name (Last, First, Middle Initial) B. Sinkovich, John A		Date of Receipt 11 01 2004	
Mailing Address PO Box 318		Amount of Each Receipt This Period 300.00	
City Point Marion	State PA	Zip Code 15474	
FEC ID number of contributing federal political committee C			
Name of Employer self-employed	Occupation chiropractor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) General donation to committee		Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Marchese, Lorenzo		Date of Receipt 11 03 2004	
Mailing Address 3 Howe Avenue		Amount of Each Receipt This Period 500.00	
City Nutley	State NJ	Zip Code 07110	
FEC ID number of contributing federal political committee C			
Name of Employer self-employed	Occupation chiropractor		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) General donation to committee		Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (total).....	1,600.00
TOTAL This Period (last page has line number only).....	

**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 2	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
13	14	15	16
			<input type="checkbox"/> 17

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NAME OF CONTRIBUTOR (In Full)
International Chiropractors Association - Political Action Committee

A. Bennett, John W. Date of Receipt: 11 04 2004

Mailing Address: 829 Fairmont Road, Suite 201
City: Morgantown State: WV Zip Code: 26501

FEC ID number of contributing federal political committee: C

Name of Employer: self-employed Occupation: chiropractor

Receipt For: Primary General Other (specify) donation to committee
Aggregate Year-to-Date: 400.00

Amount of Each Receipt this Period: 400.00

B. Quigley, Christopher J. Date of Receipt: 11 12 2004

Mailing Address: 83 Charles Street
City: Boston State: MA Zip Code: 02114

FEC ID number of contributing federal political committee: C

Name of Employer: self-employed Occupation: chiropractor

Receipt For: Primary General Other (specify) donation to committee
Aggregate Year-to-Date: 1,000.00

Amount of Each Receipt this Period: 1,000.00

C. Date of Receipt:

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:

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional): 3,200.00

TOTAL This Period (last page has the number only): 3,200.00

**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)									
	<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"/> 29a

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

Full Name (Last, First, Middle Initial) A. Rubinstein, Henry		Date of Disbursement 10 29 2004	
Mailing Address 8247 SW 124th Street		Amount of Each Disbursement this Period 1,000.00	
City Miami	State FL	Zip Code 33156	Category/Type operating expense
Purpose of Disbursement consulting fee		Candidate Name	
Office Sought Senate President	State District	Disbursement For: Primary <input checked="" type="checkbox"/> Other (specify) operating expense	

Full Name (Last, First, Middle Initial) B. Koshan, Aryan		Date of Disbursement 10 28 2004	
Mailing Address 2035 Seattle Avenue		Amount of Each Disbursement this Period 1,000.00	
City Burtonsville	State MD	Zip Code 20905	Category/Type operating expense
Purpose of Disbursement consulting fee		Candidate Name	
Office Sought House Senate President	State District	Disbursement For: Primary <input checked="" type="checkbox"/> Other (specify) operating expense	

Full Name (Last, First, Middle Initial) C. Greene, Marjorie		Date of Disbursement 11 01 2004	
Mailing Address 1110 N. Glebe Rd		Amount of Each Disbursement this Period 200.00	
City Arlington	State VA	Zip Code 22201	Category/Type operating expense
Purpose of Disbursement data base assistance		Candidate Name	
Office Sought House Senate President	State District	Disbursement For: Primary <input checked="" type="checkbox"/> Other (specify) operating expense	

SUBTOTAL of Disbursements This Page (optional)	2,200.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 2
	<input checked="" type="checkbox"/> 21a	<input type="checkbox"/> 22
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a
	<input type="checkbox"/> 23	<input type="checkbox"/> 24
	<input type="checkbox"/> 28b	<input type="checkbox"/> 29
	<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. International Chiropractors Association	Date of Disbursement 11 18 2004
Mailing Address 1110 N. Glebe Road, Suite 1000	Amount of Each Disbursement this Period 4,000.00
City Arlington, State VA Zip Code 22201	
Purpose of Disbursement reimbursement for operating expense/personnel	Category/Type
Candidate Name	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) operating expense


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

Full Name (Last, First, Middle Initial) C.	Date of Disbursement
Mailing Address	Amount of Each Disbursement this Period
City State Zip Code	
Purpose of Disbursement	Category/Type
Candidate Name	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page lists line number only)	6,200.00

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 12/2/04
<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
 PREPARER (5/2004)	12/2/04 DATE PREPARED