

FEC
FORM 1

STATEMENT OF ORGANIZATION

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FEC MAILCENTER

2025 SEP 2 AM 11:29
Office Use Only

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

12FE4M5

INTERNATIONAL CHIROPRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE (ICA-PAC)

ADDRESS (number and street) 6400 ARLINGTON BLVD.

(Check if address
is changed)

STE. 650

FALLS CHURCH

CITY ▲

VA

22042

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

bclay@chiropractic.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.chiropractic.org/ica-political-action-committee

2. DATE / /

3. FEC IDENTIFICATION NUMBER ►

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 MICHAEL NICOLAI

Signature of Treasurer

Date

/ /

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.

Office
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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.

C

2.

C

Write or Type Committee Name

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

INTERNATIONAL CHIROPRACTORS ASSOCIATION (ICA)

Mailing Address

6400 ARLINGTON BLVD.

STE.650

FALLS CHURCH

VA

22042

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

BETH CLAY

Mailing Address

6400 ARLINGTON BLVD.

STE.650

FALLS CHURCH

VA

22042

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

EXECUTIVE DIRECTOR

Telephone number 703-528-5000

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

MICHAEL NICOLAI

Mailing Address

6400 ARLINGTON BLVD.

STE.650

FALLS CHURCH

VA

22042

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number 703-528-5000

Full Name of
Designated
Agent

| BETH CLAY

Mailing Address

6400 ARLINGTON BLVD.

STE. 650

FALLS CHURCH

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASSISTANT TREASURER

Telephone number 703-528-5000

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.

PNG BANK

Mailing Address

8315 LEE HIGHWAY

SAURÉAUX

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Mailing Address

STATE ▲

ZIP CODE ▲

5(i) or (j). Joint Fundraising Participant:

1. _____
2. _____
3. _____
4. _____

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 _____

Mailing Address

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number _____

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 ▲

Signature: *Michael K Nicolai, DC*

Email: drnicolai@ndchiro.com

Statement of Organization (FEC Form 1)

Final Audit Report

2025-08-29

Created:	2025-08-28
By:	Beth Clay (beth@chiropractic.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvvQy3JbX82m0ts9POk62PRKUwok5fAcQ

"Statement of Organization (FEC Form 1)" History

- Document created by Beth Clay (beth@chiropractic.org)
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2025-08-28 - 8:02:50 PM GMT
- Email viewed by Michael Nicolai (drnicolai@ndchiro.com)
2025-08-29 - 4:23:15 PM GMT
- Document e-signed by Michael Nicolai (drnicolai@ndchiro.com)
Signature Date: 2025-08-29 - 4:25:34 PM GMT - Time Source: server
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ORIGIN ID:ZFOA (703) 528-5000
BETH CLAY
INTERNATIONAL CHIROPRACTOR ASSOC.
6400 ARLINGTON BLVD
SUITE 650
FALLS CHURCH, VA 22042
UNITED STATES US

SHIP DATE: 29AUG25
ACTWGT: 0.25 LB
CAD: 256154910/INET4535

BILL SENDER

UNITED STATES GOVERNMENT
TO OFFICE STATEMENT OF ORGANIZATION
ELECTION COMMISSION
1050 FIRST STREET NE

WASHINGTON DC 20463

(202) 694-1100
INV:

REF:

DEPT



The FedEx Express logo consists of the word "FedEx" in a bold, italicized, black font, with "Express" in a smaller, regular black font below it. Below this is a large, stylized black "F" inside a square frame.

TUE - 02 SEP 5:00P

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EXP 06/26

4200 TUE 09/02 07.04
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20463
WASHINGTON, D.C.

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Federal Election Commission
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
<i>WDD</i> PREPARER (4/2023)	<i>9/2/25</i> DATE PREPARED	