

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
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

STATE ▲

22042

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

bqlay@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

08

18

2025

3. FEC IDENTIFICATION NUMBER ►

C

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

08

18

2025

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  
Use  
Only

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

FEC FORM 1  
(Revised 03/2022)



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

VA

22042

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.

PNC BANK

Mailing Address

8315 LEE HIGHWAY

FAIRFAX

VA

22031

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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

06-08-07-09H-00000






# 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)  
2025-08-28 - 8:00:07 PM GMT
-  Document emailed to Michael Nicolai (drnicolai@ndchiro.com) for signature  
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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2025-08-29 - 4:25:34 PM GMT



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# THE BOLE X

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Federal Election Commission  
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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <div style="font-size: 1.5em; margin-left: 40px;">FEDEX</div>	<div style="display: flex; justify-content: space-between;"> <div> Shipping Date  8/29/25 </div> <div> Date of Receipt  9/2/25 </div> </div> <div style="text-align: right;"> Next Business Day Delivery <input checked="" type="checkbox"/> </div>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<div style="font-size: 1.5em; margin-left: 10px;">WDD</div> PREPARER	<div style="font-size: 1.5em; margin-right: 10px;">9/2/25</div> DATE PREPARED

(4/2023)

20250902 14:00:00