

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

**RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM**  
  
SEP 12 10 58 AM '97

1. (a) NAME OF COMMITTEE IN FULL <input checked="" type="checkbox"/> (Check if name is changed) INTERNATIONAL CHIROPRACTORS ASSOCIATION- POLITICAL ACTION COMMITTEE	2. DATE 9-2-97	
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1110 N. Glebe Road, Suite 1000	3. FEC Identification Number 000 000 26	
(c) City, State and ZIP Code Arlington, Virginia 22201	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

**5. TYPE OF COMMITTEE (Check one)**

- (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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
International Chiropractors Association	1110 North Glebe Road Suite 1000 Arlington, Virginia 22201	connected

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**7. Custodian of Records:** Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

<b>Full Name</b>	<b>Mailing Address</b>	<b>Title or Position</b>
Ronald M. Hendrickson	1110 North Glebe Rd. #1000 Arlington, VA 22201	Deputy Treasurer

**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).

<b>Full Name</b>	<b>Mailing Address</b>	<b>Title or Position</b>
Timothy E. Meng, DC	1110 N. Glebe Road, Suite 1000 Arlington, Virginia 22201	Treasurer

**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.

<b>Name of Bank, Depository, etc.</b>	<b>Mailing Address and ZIP Code</b>
The Bank of Northern Virginia	1100 North Glebe Road, Arlington, VA 22201

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 Timothy E. Meng, DC, FICA	SIGNATURE OF TREASURER 	DATE 9-2-96
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-219-3420

FEGAN053

**FEC FORM 1**  
(revised 4/87)

