

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
SEP 29 2004

1. NAME OF COMMITTEE (in full) **International Chiropractors Association - Political Action Committee**  
TYPE OF PRINT  Example: If typing type over the lines. **12PR4MS**

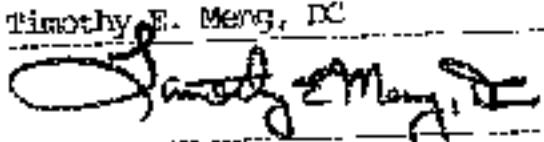
ADDRESS (number and street) **1110 North Glebe Road**  
**Suite 1000**  
Arlington VA 22201

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER **C 00329920**  
3. IS THIS REPORT?  NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	<input checked="" type="checkbox"/> Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Apr 20 (M4)		Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the	Primary (12P)	Convention (12C)	General (12G)	Runoff (12R)
October 15 Quarterly Report (Q3)				Special (12S)	
January 31 Year-End Report (YE)	Election on	ELECTION YEAR			In the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on	ELECTION YEAR			In the State of

5. Covering Period **08 01 2004** through **08 31 2004**

I certify that I have examined this Report 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**  
Signature of Treasurer  Date **09 20 2004**

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g

**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 08 01 2004 To: 08 31 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	27,742.25	
(c) Total Receipts (from Line 1B)	3,625.00	13,960.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	31,367.25	36,785.32
7. Total Disbursements (from Line 3f)	2,792.48	8,210.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28,574.77	28,574.77
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 non-candidate committee (see FEC FORM 1M)

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-3530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 9X (Rev. 02/2003)

Page 2

Write or Type Committee Name

International Chiropractors Association - Political Action Committee

Report Covering the Period From: 08 01 2004 To: 08 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 Federal Committees		
(i) Itemized (use Schedule A) .....	1,000.00	1,000.00
(ii) Unitemized .....	2,625.00	12,960.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	3,625.00	13,960.00
(b) Political Party Committees .....	-	-
(c) Other Political Committees (such as PACs) .....	-	-
(d) Total Contributions (add Lines 11(a)(ii), (b), and (c)) (Copy Totals to Line 23, page 5) .....	3,625.00	13,960.00
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 27, 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 Loan Funds		
(a) Non-Federal Account (from Schedule H3) .....	-	-
(b) Loan 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)) .....	3,625.00	13,960.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3,625.00	13,960.00

**DETAILED SUMMARY PAGE**  
of Disbursements

PEC Form 10X (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		
(b) Other Federal Operating Expenditures	2,792.48	5,210.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2,792.48	5,210.55
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees		3,000.00
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(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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))	2,792.48	8,210.55
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(ii) from Line 31)	2,792.48	8,210.55

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 6

II. 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) .....	, 3,625.00	, 13,960.00
34. Total Contribution Refunds (from Line 28(d)) .....	,	,
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, 3,625.00	, 13,960.00
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b)) .....	, 2,792.48	, 5,210.55
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	,	,
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, 2,792.48	, 5,210.55

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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE OF  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting 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**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Donald Acton**

Mailing Address  
**35-B Larkspur Court**

City **Asheville** State **NC** Zip Code **28805**

FEC ID number of contributing federal political committee: **C**

Name of Employer: **self-employed** Occupation: **chiropractor**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1,000.00**

Date of Receipt  
**03 09 2004**

Amount of Each Receipt this Period  
**1,000.00**

**B.** Full Name (Last, First, Middle Initial)

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 ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

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 ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **1,000.00**

TOTAL This Period (last page this line number only) **1,000.00**

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

Use separate schedule(s) for each category of line Disbursement Summary Page	FOR LINE NUMBER: (check only one)						PAGE 1 OF 2	
	<input checked="" type="checkbox"/> 27	<input type="checkbox"/> 27a	<input type="checkbox"/> 27b	<input type="checkbox"/> 27c	<input type="checkbox"/> 27d	<input type="checkbox"/> 27e	<input type="checkbox"/> 27f	

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

Full Name (Last, First, Middle Initial) A. Santo, Dr. Richard		Date of Disbursement 08 / 01 / 2004
Mailing Address 134 Bridge Road		Amount of Each Disbursement this Period  583.58
City Tampa	State FL	
Zip Code 33469		Category/Type Operating Expense
Purpose of Disbursement operating expense/travel reimbursement		
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Operating Expense	
State: District:		

Full Name (Last, First, Middle Initial) B. Envision Printing		Date of Disbursement 08 / 01 / 2004
Mailing Address 2 Faneuil Hall Marketplace, 4th Floor		Amount of Each Disbursement this Period  719.50
City Boston	State MA	
Zip Code 02109		Category/Type Operating Expense
Purpose of Disbursement operating expense/printing costs		
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Operating Expense	
State: District:		

Full Name (Last, First, Middle Initial) C. Hendrickson, Ronald M.		Date of Disbursement 08 / 10 / 2004
Mailing Address 1110 N Glebe Road		Amount of Each Disbursement this Period  197.40
City Arlington	State VA	
Zip Code 22201		Category/Type Operating Expense
Purpose of Disbursement operating expense/reimbursement for awards purchase		
Candidate Name		
Office Sought: House Senate President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) Operating Expense	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1,500.48
TOTAL This Period (last page this line number only)	1,500.48

**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 2
	<input checked="" type="checkbox"/> 21	<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"/> 27	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32	<input type="checkbox"/> 33

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

Full Name (Last, First, Middle Initial) A. Henry Robibstein		Date of Disbursement 08 19 2004
Mailing Address 8247 SW 124th Street		Amount of Each Disbursement This Period 500.00
City Miami	State FL	
Zip Code 33156		Category/ Type
Purpose of Disbursement consulting fee		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Operating Expense</b>
Office Sought: House Senate President	State: District:	

Full Name (Last, First, Middle Initial) B. Bells		Date of Disbursement 08 23 2004
Mailing Address 1821 M Street NW		Amount of Each Disbursement This Period 292.00
City Washington	State DC	
Zip Code 20036		Category/ Type
Purpose of Disbursement meeting expenses/reception		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Operating Expense</b>
Office Sought: House Senate President	State: District:	

Full Name (Last, First, Middle Initial) C. Aryan Kushan		Date of Disbursement 08 23 2004
Mailing Address 2035 Seattle Avenue		Amount of Each Disbursement This Period 500.00
City Bartonsville	State MD	
Zip Code 20905		Category/ Type
Purpose of Disbursement consulting fee		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>Operating Expense</b>
Office Sought: House Senate President	State: District:	

SUBTOTAL of Disbursements This Page (optional)	1,292.00
TOTAL This Period (last page this line number only)	1,292.00



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 9-20-04
<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
<i>JEI</i> PREPARER	9-20-04 DATE PREPARED