



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-3

October 11, 2001

Dr. David Saint, Treasurer  
Council of New Jersey Chiropractors PAC  
44 Newark Pompton Tpk #40  
Pequannock, NJ 07440

Identification Number: C00262303

Reference: April Quarterly Report (1/1/99-3/31/99), July Quarterly Report (4/1/99-6/30/99), October Quarterly Report (7/1/99-9/30/99), Amended Year End Report (10/1/99-12/31/99), dated 7/19/00, April Quarterly Report (1/1/00-3/31/00), July Quarterly Report (4/1/00-6/30/00) and 30 Day Post-General Report (10/1/00-11/28/00)

Dear Dr. Saint:

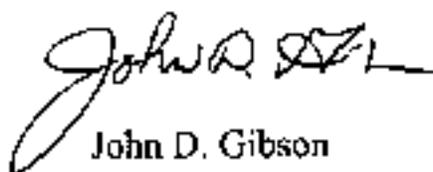
This letter is to inform you that as of October 10, 2001, the Commission has not received your response to our requests for additional information dated September 19, 2001. These notices request information essential to full public disclosure of your federal election campaign finances. To ensure compliance with the provisions of the Federal Election Campaign Act (the Act), please respond to these requests (copies enclosed).

An adequate response must be received at the Commission by October 31, 2001. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

If you should have any questions regarding this matter, please contact Colleen Manning on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to

reach the Reports Analysis Division) or our local number (202) 694-1130.

Sincerely,

A handwritten signature in black ink, appearing to read "John D. Gibson". The signature is fluid and cursive, with a large initial "J" and a long horizontal stroke at the end.

John D. Gibson  
Assistant Staff Director  
Reports Analysis Division

Enclosures



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

Dr. David Saint, Treasurer  
Council of New Jersey Chiropractors PAC  
44 Newark Pompton Turnpike #40  
Pequannock, NJ 07440

SEP 19 2001

Identification Number: C00262303

Reference: 30 Day Post-General Report (10/1/00-11/28/00)

Dear Dr. Saint:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portions attached) discloses an apparent contribution(s) from a corporation(s). 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations unless made from a separate segregated fund established by the corporation.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received a corporate contribution(s), you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donor(s) in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributor(s) in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of a prohibited contribution, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

-On Schedule A supporting Line 11(a)(i) of the Detailed Summary Page, your report disclosed contributions from individuals that omit the Aggregate Year-To-Date Totals. Please amend your report by supplying the information. 11 CFR §104.3(a)(4)(i)

-The identification of each contributor, including an adequate occupation and name of employer for each, must be provided if the person has contributed in excess of \$200 in the aggregate during the calendar year. Please amend Schedule A supporting Line 11(a)(i) for each entry inadequately identified as "DC".

-Commission Regulations require that a committee disclose the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR §104.3(a)(4)(i)) Identification for an individual is defined as the full name, mailing address, occupation and name of employer. (11 CFR §100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR §104.7(b)(1))

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2))  
The request must:

- clearly ask for the missing information, without soliciting a contribution;

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- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you shall either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR §104.7(b)(4))

Please provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

-The totals listed on Lines 19 and 20, Column B of the Detailed Summary Page(s) appear to be incorrect. Please be advised that you should add the "Calendar Year-to-Date" total from your previous report to the current "Total This Period" figure from Column A to derive the correct Column B totals. Please amend your report and any subsequent reports that may be affected by this correction.

-Your report(s) was not signed by the treasurer or designated agent listed on your Statement of Organization. Please amend your report(s) by providing the signature of an individual that is authorized to sign the report(s). 2 U.S.C. §434(a)(1) and 11 CFR §104.14(a) and (d) If a new treasurer has been appointed, please file an amended Statement of Organization (FORM 1) or a letter to reflect this change.

-It has come to the attention of the Federal Election Commission that the reports you have filed during the current election cycle do not reflect the appropriate coverage dates for quarterly filing status. Please be advised of the filing dates and coverage periods for the 1999-2000 election cycle and fill in the appropriate dates on Line 5 of the Summary Page.

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<u>Report Type</u>	<u>Coverage Dates</u>	<u>Due Date</u>
Mid-Year	1/1/99-6/30/99	July 31, 1999
Year End	7/1/99-12/31/99	January 31, 2000

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April Quarterly	1/1/00-3/31/00	April 15, 2000
July Quarterly	4/1/00-6/30/00	July 15, 2000
October Quarterly	7/1/00-9/30/00	October 15, 2000
12 Day Pre-General	10/1/00-10/18/00	October 26, 2000
30 Day Post-General	10/19/00-11/27/00	December 7, 2000
Year End	11/28/00-12/31/00	January 31, 2001

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,



Colleen Manning  
Reports Analyst  
Reports Analysis Division

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Defined Savings Page

PAGE 5 OF 13  
FOR LINE NUMBER

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)

Council of NJ Chiropractors

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Dus + 1321 Paterson Plank Road Secaucus, NJ 07094	Self Occupation: DC	10/30/00	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code George Lubert + 4220 39 meadow Road Rutherford, NJ 07070	Self Occupation: DC	10/30/00	1200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Perry Dellanno 59 Nicholson Dr Chatham Twp NJ 07928	Self Occupation: DC	11/27/00	655.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code Louis Odomolin 53 Tuckahoe Road Marmora NJ 08223	Self Occupation: DC	11/27/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code X-Ray Service + Sales 40 Shuyler Ave Kearny, NJ 07032	Name of Employer Occupation	Date (month, day, year) 10/31/00	Amount of Each Receipt this Period 700.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Nichelle Park Management 251 Rochelle Ave Rochelle, NJ 07062	Name of Employer Occupation	Date (month, day, year) 10/31/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code D. Wandel Wandel Chiropractic Ctr 676 Amber Ave Woodbridge, NJ 07095	Self Occupation: DC	Date (month, day, year) 11/3/00	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional):

4605.00

TOTAL This Period (last page use line number only)

SCHEDULE A

ITEMIZED RECEIPTS

List separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2  
FOR LINE NUMBER

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)

Council of NJ Chiropractors

A. Full Name, Mailing Address and ZIP Code

Michael G. Fox  
250 Millburn Avenue  
Millburn, NJ 07041

Name of Employer

Self

Date (month, day, year)  
10/31/00

Amount of Each Receipt this Period  
300.00

Occupation

DC

Receipt For:

Primary  General  
 Other (specify):

Aggregate Year-to-Date

B. Full Name, Mailing Address and ZIP Code

Complete Health Chiropractic  
554 Boulevard  
Elmwood Park NJ

Name of Employer

Self

Date (month, day, year)  
11/31/00

Amount of Each Receipt this Period  
600.00

Occupation

DC

Receipt For:

Primary  General  
 Other (specify):

Aggregate Year-to-Date

C. Full Name, Mailing Address and ZIP Code

Ronald Bellomo  
532 Broad Street  
Bloomfield NJ 07003

Name of Employer

Self

Date (month, day, year)  
10/31/00

Amount of Each Receipt this Period  
300.00

Occupation

DC

Receipt For:

Primary  General  
 Other (specify):

Aggregate Year-to-Date

D. Full Name, Mailing Address and ZIP Code

Christa Proscatore  
532 Board Street  
Bloomfield NJ 07003

Name of Employer

Self

Date (month, day, year)  
10/25/00

Amount of Each Receipt this Period  
300.00

Occupation

DC

Receipt For:

Primary  General  
 Other (specify):

Aggregate Year-to-Date

E. Full Name, Mailing Address and ZIP Code

Maria Stummer  
20 Deer Road  
Murray Hill NJ 07977

Name of Employer

Self

Date (month, day, year)  
10/25/00

Amount of Each Receipt this Period  
600.00

Occupation

DC

Receipt For:

Primary  General  
 Other (specify):

Aggregate Year-to-Date

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:

Primary  General  
 Other (specify):

Aggregate Year-to-Date

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month, day, year)

Amount of Each Receipt this Period

Occupation

Receipt For:

Primary  General  
 Other (specify):

Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

6705.00

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