REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full): COUNCIL OF NJ J. CHIROPRACTORS

ADDRESS (number and street) ☐ Check if different than previously reported: 242 PALISADES AVE

CITY, STATE and ZIP CODE: FORT LEE, NJ 07603

FEB 2 12 23 PM 94

2. FEC IDENTIFICATION NUMBER: C002-62303

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☒ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/93 through 12/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 27,721.64
(b) Cash on Hand at Beginning of Reporting Period	$ 36,445.20	
(c) Total Receipts (from Line 19)	$ 65,917.00	$ 100,378.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 102,362.20	$ 128,099.93
7. Total Disbursements (from Line 30)	$ 23,545.13	$ 49,282.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 78,817.07	$ 78,817.07
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

Type or Print Name of Treasurer: Mary T. Fitzgerald, OC

Signature of Treasurer: [signature]

Date: 1/28/94

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: COUNCIL OF AJ CHIROPRACTORS

REPORT COVERING PERIOD FROM 07/01/93 TO 12/31/93

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
1. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	29,114.00	50,638.00
ii. Unitemized	36,803.00	48,089.00
iii. Total (add i and ii) ➤	65,917.00	98,727.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	65,917.00	98,727.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		1657.29
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	65,917.00	100,384.29
20. Total Federal Receipts (subtract line 18 from line 19) ➤	65,917.00	100,384.29
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	—	
ii. Non-Federal Share	—	18,587.73
b. Other Federal Operating Expenditures		—
c. Total Operating Expenditures (add a i, a ii, and b) ➤	22,545.13	22,545.13
22. Transfers to Affiliated/Other Party Committees	22,545.13	41,132.86
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)	1,000.00	4,525.00
25. Coordinated Expenditures Made by Party Committees (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		3625.00
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	—	3625.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	23,545.13	49,282.86
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	23,545.13	49,282.86
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	65,917.00	98,727.00
33. Total Contribution Refunds (from line 28d)	-0-	3625.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	65,917.00	95,102.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	22,545.13	41,132.86
36. Offsets to Operating Expenditures (from line 15)	-0-	1657.29
37. Net Operating Expenditures (subtract line 36 from 35) ➤	22,545.13	39,481.57

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: COUNCIL OF NJ CHIROPRACTORS

REPORT COVERING PERIOD FROM 07/01/93 TO: 12/31/93

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	29,114.00	50,638.00
ii. Unitemized	36,803.00	48,089.00
iii. Total (add i and ii) ➤	65,917.00	98,727.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	65,917.00	98,727.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	—	165.29
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	65,917.00	100,378.29
20. Total Federal Receipts (subtract line 18 from line 19) ➤	65,917.00	100,378.29
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	—	18,587.73
ii. Non-Federal Share	—	—
b. Other Federal Operating Expenditures	22,545.13	22,545.13
c. Total Operating Expenditures (add a i, a ii, and b) ➤	22,545.13	41,132.86
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	4,525.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (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	—	3625.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤	—	3625.00
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	23,545.13	49,282.86
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	23,545.13	49,282.86
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	65,917.00	98,727.00
33. Total Contribution Refunds (from line 28d)	-0-	3625.00
34. Net Contributions (other than loans)(subtract line 33 from 32)	65,917.00	95,102.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	22,545.13	41,132.86
36. Offsets to Operating Expenditures (from line 15)	-0-	165.29
37. Net Operating Expenditures (subtract line 36 from 35) ➤	22,545.13	39,481.57

SCHEDULE A *

ITEMIZED RECEIPTS

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

PAGE 1 OF 4

FOR LINE NUMBER 11a

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

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Anthony Fortero, 4100 Nottingham Way, Hamilton Square, NJ 08690	Self / Chiropractor	7/15, 7/15, 8/5, 9/8	200, 100, 100, 100
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1075.00		
B. Mark Schulman, Ste 640 Office Centers, Plainsboro, NJ 08536	Self / Chiropractor	7/15, 7/20, 8/25, 9/20	50, 100, 100, 100
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1075.00		
C. John Murray, Anderson Rd., Clinton, NJ 08809	Self / Chiropractor	8/5	100
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1175.00		
D. Joseph Cicarelli, 49 Kinderkamack Rd., Emerson, NJ 07630	Self / Chiropractor	7/15	50
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 300.00		
E. Terry Kahn, 2648 Rt. 516 Suite C, Old Bridge, NJ 08857	Self / Chiropractor	7/15	200
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1300.00		
F. Michael Fox, 250 Millburn Ave, Millburn, NJ 07041	Self / Chiropractor	7/15	242
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 317		
G. Elliot Foster, 136 Paterson Ave, E. Rutherford, NJ 07073	Self / Chiropractor	7/15, 8/5	200, 200
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1075.00		

SUBTOTAL of Receipts This Page (optional) 1842

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 9

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full): COUNCIL OF NJ CHIROPRACTORS

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Sam Selimo, 15 Old Bloomfield Ave, Pine Brook, NJ 07058	Self / Chiropractor	7/15, 7/14, 10/1	45, 100, 100
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 420.00		
B. Louise Bilo, A, 20 Wilsey Square, Ridgewood, NJ 07450	Self / Chiropractor	7/15	100
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1175.00		
C. Lorenzo Marchese, 3 Howe Ave, Nutley, NJ 07110	Self / Chiropractor	7/15, 8/5	100, 250
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1000.00		
D. Ray Saint, 486 Riverdale Rd., Riverdale, NJ 07675	Self / Chiropractor	8/5, 8/13	100, 100
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1100.00		
E. Mark Fessler, 231 Bronxtown Rd. Ste 102, Wilkinson, NJ 07424	Self / Chiropractor	7/15	100
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 275.00		
F. George Scordilis, 137 Broad St., Clifton, NJ 07013	Self / Chiropractor	7/15	200
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 275.00		
G. Manola Tejada, 319 Bayview St. Ste 1A, Jersey City, NJ 07302	Self / Chiropractor	7/15	200
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 275.00		

SUBTOTAL of Receipts This Page (optional) 1395

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 9
	FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full): CNJC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gerald Mattia, 825 Bloomfield Ave, Verona, NJ 07044	Self / Chiropractor	10/1, 11/8, 12/1, 7/20, 7/30	300, 100, 100, 300, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1175.00		
B. Howard Sabell, 1890 Morris Ave, Union, NJ 07083	Self / Chiropractor	10/27, 7/15	125, 200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 500.00		
C. James Garabo, 1043 Raritan Rd, Clark, NJ 07066	Self / Chiropractor	9/8, 11/8, 7/15, 8/5, 8/13	100, 100, 200, 100, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 895.00		
D. Mary Fitzgerald, 241 Palisade Ave, Dogota, NJ 07603	Self / Chiropractor	7/15, 10/15, 11/8	72, 100, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 572.00		
E. Michael Warner, 2124 Bridge Ave, Pt. Pleasant, NJ 08742	Self / Chiropractor	10/27, 7/20, 12/1, 7/15	100, 100, 100, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 800.00		
F. Edward Labuka, 67 Eleven Place, Wayne, NJ 07470	Self / Chiropractor	11/1, 7/15, 9/20	125, 100, 200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 933.00		
G. Jeff Guzman, 65 Fairview Ave, Westwood, NJ 07675	Self / Chiropractor	11/1, 12/1, 12/31, 9/15, 9/20	100, 150, 100, 200, 100, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1150.00		

SUBTOTAL of Receipts This Page (optional)	3672
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 4 OF 9

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full): CNJC

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. John Limmerman, 4930 Atlantic Ave, Atlantic City, NJ 08401	Self / Chiropractor	11/8, 12/13, 4/8	200, 100, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 700.00		
B. Jeff Fitch, 2022 Hwy 71, Spring Lake Hgts, NJ 07762	Self / Chiropractor	10/15, 12/1, 12/31, 7/20, 8/13	100, 100, 100, 100, 100, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1100.00		
C. Joseph Seeman, 512 New Brunswick Ave, Fords, NJ 08863	Self / Chiropractor	10/15, 11/8, 8/25, 9/20	100, 1,000, 100, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1500.00		
D. Susan Guarino, 850 Doremus St, Orchard, NJ 07109	Self / Chiropractor	11/15, 12/13, 8/5, 9/8	100, 100, 100, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1175.00		
E. William Waters, 574 Wyckoff Ave, Wyckoff, NJ 07481	Self / Chiropractor	10/27, 12/1, 12/31, 7/10, 8/15, 8/25	100, 100, 100, 300, 200, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1075.00		
F. Thomas Sidoti, 180 Lexington Ave, Passaic, NJ 07055	Self / Chiropractor	11/1, 12/13, 12/31, 7/15, 7/15, 8/25, 9/10	100, 100, 100, 82, 100, 100, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 882.00		
G. George Lubertazzo, 44 Union Ave, Rutherford, NJ 07070	Self / Chiropractor	11/15, 7/15, 8/5	1,000, 200, 300
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1000.00		

SUBTOTAL of Receipts This Page (optional) 5782

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 5 OF 9

FOR LINE NUMBER 1.01

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NAME OF COMMITTEE (In Full): CNJC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Raymond Milazzo, 1046 Clifton Ave, Clifton, NJ 07013	Self / Chiropractor	11/15, 7/15	1,000, 155
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,230.00		
B. Anthony Just, 231 Front St., Secaucus, NJ 07094	Self / Chiropractor	11/8	2,000
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 2000.00		
C. G. Jay Van Seters, 455 Nick Pompton Pike, Wayne, NJ 07470	Self / Chiropractor	11/5, 12/31, 7/15	100, 100, 200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 400.00		
D. Adam Glantzman, 28 Union Ave, Manasquan, NJ 07736	Self / Chiropractor	11/5	250
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 250.00		
E. William Voyce, 39 E. Mill Rd. Ste 3-102, Longvalley, NJ 07853	Self / Chiropractor	10/27	300
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 600.00		
F. Patrick Gentempo, 714 Broadway, Paterson, NJ 07514	Self / Chiropractor	11/15	1,000
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1000.00		
G. Drew Rubin, 310 Knickerbocker Rd, Cresskill, NJ 07626	Self / Chiropractor	10/27, 11/8, 9/20	100, 1,000, 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1625.00		

SUBTOTAL of Receipts This Page (optional) 6305

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 6 OF 6

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

LJR

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. John Dale, 666 Godwin Ave., Midland Pk, NJ 07432. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / Chiropractor / $ 625.00	10/27 9/20	100 500
B. Howard Cantor, 126 W. Main St., Rockaway, NJ 07866. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / Chiropractor / $ 700.00	1/8 7/15	500 200
C. Joseph Petrone, 23 Taylor Ave, Manasquan, NJ 08736. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / Chiropractor / $ 1075.00	1/8	1,000
D. Perry Dellano, 124 Lanza Ave, Garfield, NJ 07026. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / Chiropractor / $ 1275.00	1/8 7/15	1,000 200
E. Richard Klement, RD No. 1 Box 192A-3, OLD Zion Rd, Linwood, NJ 08221. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / Chiropractor / $ 395.00	12/1 7/15	100 200
F. Timothy Conway, 490 Sunset St., Garfield, NJ 07060. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / Chiropractor / $ 350.00	12/1	100
G. Dennis Crone, 416 Lakehurst Rd., Toms River, NJ 08755. Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / Chiropractor / $ 1800.00	12/1	500

SUBTOTAL of Receipts This Page (optional) 4400

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11B

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NAME OF COMMITTEE (In Full)

CNJR

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Gary Sargent, 72 Washington, P.O. Box 1, Morristown NJ 07917	Name of Employer: self Occupation: Chiropractor	10/27/93 11/18/93 7/15	75.00 1000.00 102.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2452.00		
B. Luis Mizraji, 39 Westbrung Plaza, Montclair, NJ 07042	Name of Employer: self Occupation: Chiropractor	10/27/93 7/20 7/15	100 100 200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 975.00		
C. Anthony Sorrero, 6100 Nottingham Way, Hamilton Sq., NJ 08690	Name of Employer: self Occupation: Chiropractor	10/1/93 10/27 11/1 12/13 12/31	100 125 100 100 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1600.00		
D. Anthony Ponzica, 11 South Fairview Ave, Paramus, NJ 07652	Name of Employer: self Occupation: Chiropractor	11/1 7/15	100 178
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 353.00		
E. Neil Scalo, 227 Park Ave, Scotch Plains, NJ 07073	Name of Employer: self Occupation: Chiropractor	10/1 10/27 7/15	750 100 149
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1474.00		
F. Timothy Santo, 310 Lake St, Upper Saddle River, NJ 07458	Name of Employer: Santo Chiropractic Center Occupation: Chiropractor	7/15 11/8 11/13 12/31	75 100 100 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 750.00		
G. Mark Schulman, Ste 1440 Office Centers, Plainsboro, NJ 08536	Name of Employer: self Occupation: Chiropractor	11/1 12/1 12/31	100 100 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 1325.00		

SUBTOTAL of Receipts This Page (optional) 4054

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full): CNJC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Thomas Richesell, 27 Madison Ave, Paramus, NJ 07652	Self / Chiropractor	11/8	100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 324.00		
B. Full Name, Mailing Address and ZIP Code: 1. Obeed Ambrose, 2. Washington St, Rocky Hill, NJ 08553	Self / Chiropractor	7/15 / 10/27	50 / 100
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
C. Full Name, Mailing Address and ZIP Code: Thomas Posio, 313 Walnut St, Livingston, NJ 07039	Self / Chiropractor	10/27	125
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 250.00		
D. Full Name, Mailing Address and ZIP Code: Mario Cervino, 155 Park Ave Ste 208, Lyndhurst, NJ 07071	Self / Chiropractor	7/15	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
E. Full Name, Mailing Address and ZIP Code: Ronald Heeren, 370 Main St, Lebanon, NJ 08833	Self / Chiropractor	7/15	200
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 200.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code: Ed Kaden, 301-A Main St, Toms River, NJ 08753	Self / Chiropractor	7/15	204
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 204.00		

SUBTOTAL of Receipts This Page (optional) 979

TOTAL This Period (last page this line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 9

FOR LINE NUMBER 11a

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Daniel Cruglio 1845 Hooper Ave Ste 2 Toms River, NJ 08753 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Chiropractor Aggregate Year-to-Date $ 200.00	7/15	200
B. Full Name, Mailing Address and ZIP Code Lawrence O'Connor 30 Harrington Ave Westwood, NJ 07675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Chiropractor Aggregate Year-to-Date $ 200.00	7/15	200
C. Full Name, Mailing Address and ZIP Code Leonard Russo 358 Washington Ave Belleville, NJ 07109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self Chiropractor Aggregate Year-to-Date $ 285.00	7/20 7/20	250 35
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	685
TOTAL This Period (last page this line number only)	29,114

Operating expenditures

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21D

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NAME OF COMMITTEE (In Full)

COUNCIL OF NJ CHIROPRACTORS

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		

SUBTOTAL of Disbursements This Page (optional) 22,575.13

TOTAL This Period (last page this line number only) .....

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

COUNCIL OF NJ CHIROPRACTORS

A. Full Name, Mailing Address and ZIP Code TORF CELLI INC. c/o Dr. Mutta 325 Bloomfield Ave Verona, NJ 07044	Purpose of Disbursement direction Disbursement for: [ ] Primary [X] General [ ] Other (specify)	Date (month, day, year) 4/[illegible]/93	Amount of Each Disbursement This Period 1000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1000
TOTAL This Period (last page this line number only)	1000

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
COUNCIL OF NJ CHIROPRACTORS

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. [illegible]	[illegible] Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/21/93	500
B. [illegible]	Donation Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/20/93	300
C. [illegible]	Donation Disbursement for: [ ] Primary [X] General [ ] Other (specify)	8/20/93	250
D. [illegible]	[illegible] Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/16/93	250
E. [illegible]	Donation Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/20/93	2500
F. [illegible]	Donation Disbursement for: [ ] Primary [X] General [ ] Other (specify)	[illegible]	250
G. [illegible]	Donation Disbursement for: [ ] Primary [X] General [ ] Other (specify)	[illegible]	2500
H. [illegible]	Donation Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	[illegible]	[illegible]
I. [illegible]	Donation Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/6/93	1000

SUBTOTAL of Disbursements This Page (optional) 8250

TOTAL This Period (last page this line number only) .....

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
COUNCIL OF NJ CHIROPRACTORS

A. Full Name, Mailing Address and ZIP Code [illegible] c/o Do. Ray Smith 426 [illegible] Rd Riverside, NJ 07615	Purpose of Disbursement [illegible] Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) [illegible]	Amount of Each Disbursement This Period 1000
B. Full Name, Mailing Address and ZIP Code [illegible] c/o 70 Grand Ave. Riverdale, NJ 07061	Purpose of Disbursement [illegible] Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) [illegible]	Amount of Each Disbursement This Period 2000
C. Full Name, Mailing Address and ZIP Code [illegible] c/o Do. [illegible] [illegible] Ave [illegible] NJ 07431	Purpose of Disbursement [illegible] Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	Date (month, day, year) [illegible]	Amount of Each Disbursement This Period [illegible]
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	4000
TOTAL This Period (last page this line number only)	12,250

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 1-29-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

[signature] PREPARER

2-2-94 DATE PREPARED

FEC FORM 70-2 (12/92)