

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a

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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 LARUSSO 17 ACADEMY ST. SUITE 602 NEWARK, NJ 07102	Self	12/31/98	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date >	\$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LORENZO MARCHESE 3 HOWE AVE. NOTLEY, NJ 07110	Self	12/22/98	\$ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date >	\$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GERALD MATTIA 835 BLOOMFIELD AVE. VERONA, NJ 07044	Self	12/14/98 12/31/98	\$ 200.00 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date >	\$ 1,600.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PAUL ROSES 899-901 AVE. C BAYONNE, NJ 07002	Self	12/22/98 12/31/98	\$ 400.00 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date >	\$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TIMOTHY SAUTO 289 LAKE ST. UPPER SADDLE RIVER, NJ 07458	Self	12/14/98 12/14/98 12/28/98	\$ 400.00 100.00 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date >	\$ 1,400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS SPODI 150 LEXINGTON AVE. PASSAIC, NJ 07055	Self	12/22/98	\$ 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date >	\$ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Self		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date >	\$	

SUBTOTAL of Receipts This Page (optional)

\$ 4,100.00

TOTAL This Period (last page this line number only)

\$ 8,700.00