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# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

2002 Use Only

1. NAME OF COMMITTEE (in full)

USE PREC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

COUNCIL OF

CD026R303 030602 # 287  
DR DAVID BAIN  
COUNCIL OF NEW JERSEY CHIROPRA  
CYORS PAC  
44 NEWARK POMPTON TPK #40  
PESUNNOCK NJ 07440

ADDRESS (quarter and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000262303

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Non-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6)
- Sep 20 (M9)
- Dec 20 (M12) (Non-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

in the State of

5. Covering Period

01 01 2002

through

03 31 2002

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

G. Jay Van Seters, A.C.

Signature of Treasurer

Date

03 14 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 2457g.

Office Use Only

FEC FORM 3X  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Council of New Jersey Chiropractors

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, <u>2002</u>		17381
(b) Cash on Hand at Beginning of Reporting Period	17381	
(c) Total Receipts (from Line 19)	503000	503000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	520381	520381
7. Total Disbursements (from Line 30)	406487	406487
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	113894	113894
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	

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

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20465

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures	35,648.7	35,648.7
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35,648.7	35,648.7
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	5,000.00
24. Independent Expenditures (see Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (see 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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	40,648.7	40,648.7
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)		

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)		
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)		
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35,648.7	35,648.7
36. Offsets to Operating Expenditures (from Line 18, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Council of New Jersey Chiropractors

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

1. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A) .....	242,500	
(ii) Unitemized .....	260,500	
(ii) TOTAL (add Lines 11(a)(i) and (ii)) .....	503,000	503,000
(b) Political Party Committees .....		
(c) Other Political Committees		
(such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(i), (b), and (c)) (Carry Totals to Line 38, page 4) .....	503,000	503,000
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 28, page 4) .....		
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 Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	503,000	503,000
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	503,000	503,000

**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 0F

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29

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 New Jersey Chiropractors

Full Name (Last, First, Middle Initial)

MWW Group

Mailing Address

Meadowland Plaza

City

EAST Rutherford NJ

State

Zip Code

Purpose of Disbursement

Lobbyist

Candidate Name

003  
Category  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

01 09 2003

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

MWW Group

Mailing Address

Meadowland Plaza

City

EAST Rutherford NJ

State

Zip Code

Purpose of Disbursement

Lobbyist

Candidate Name

003  
Category  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

02 19 2003

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

MWW Group

Mailing Address

Meadowland Plaza

City

EAST Rutherford NJ

State

Zip Code

Purpose of Disbursement

Lobbyist

Candidate Name

003  
Category  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

03 20 2003

Amount of Each Disbursement this Period

6217.50

SUBTOTAL of Disbursements This Page (rounded)

TOTAL This Period (last page this line number only)

13217.50

**SCHEDULE B (FEC Form 9X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER (check only one)						PAGE	OF
<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
<input type="checkbox"/>	29	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	29

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NAME OF COMMITTEE (In Full)  
**Council of New Jersey Chiropractors**

**A.**

Full Name (Last, First, Middle Initial)  
**Cardinale for Congress**

Mailing Address  
**350 Madison Ave**

City  
**Cresskill** State  
**NJ** Zip Code  
**07626**

Purpose of Disbursement  
**Q11**

Candidate Name  
**Senator Cardinale**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
**03 30 2003**

Amount of Each Disbursement this Period  
**5000.00**

**B.**

Full Name (Last, First, Middle Initial)  
**Valley National Bank**

Mailing Address  
**328 Palisade Ave**

City  
**Bohota** State  
**NJ** Zip Code  
**07603**

Purpose of Disbursement  
**Q20**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement  
**03 20 2003**

Amount of Each Disbursement this Period  
**443.12**

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) **▼**

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) **9431.12**

**TOTAL** This Period (last page this line number only) **9974.24**

20030303 10:00 AM

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

Use separate schedule(s) for each category of the Detailed Inventory Page	FOR LINE NUMBER: (check only one)		PAGE		OF
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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**NAME OF COMMITTEE (in Full)**  
Council of New Jersey Chiropractors

**A. Full Name (Last, First, Middle Initial)**  
Anthony Just

**Mailing Address**  
1321 Paterson Plank Road

**City**  
Secaucus **State** NJ **Zip Code** 07094

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

**Name of Employer**  
Just **Occupation**  
Chiropractor

**Receipt For:**  
 Primary  General  
 Other (specify) \_\_\_\_\_

**Aggregate Year-to-Date**  
30000

**Date of Receipt**  
01/03/2003

**Amount of Each Receipt this Period**  
30000

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

**Mailing Address**  
3 Post Lane

**City**  
Oakland **State** NJ **Zip Code** 07436

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

**Name of Employer**  
DBA Chiropractic **Occupation**  
Chiropractor

**Receipt For:**  
 Primary  General  
 Other (specify) \_\_\_\_\_

**Aggregate Year-to-Date**  
10000

**Date of Receipt**  
01/05/2003

**Amount of Each Receipt this Period**  
10000

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

**Mailing Address**  
3 Post Lane

**City**  
Oakland **State** NJ **Zip Code** 07436

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

**Name of Employer**  
DBA Chiropractic **Occupation**  
Chiropractic

**Receipt For:**  
 Primary  General  
 Other (specify) \_\_\_\_\_

**Aggregate Year-to-Date**  
20000

**Date of Receipt**  
02/19/2003

**Amount of Each Receipt this Period**  
20000

**SUBTOTAL of Receipts This Page (optional)** 50000

**TOTAL This Period (last page this line number only)** 50000

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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**NAME OF COMMITTEE (in Full)**  
 Council of New Jersey Chiropractors

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

**Mailing Address**  
 3 Post Lane

**City** **State** **Zip Code**  
 Oakland NJ 07436

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

**Name of Employer** **Occupation**  
 D&A Chiropractic Chiropractic

**Receipt For:** **Aggregate Year-to-Date**  
 Primary  General  
 Other (specify)   
 25000

**Date of Receipt**  
 03 11 2003

**Amount of Each Receipt this Period**  
 5000

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

**Mailing Address**  
 40 Schuyler Ave

**City** **State** **Zip Code**  
 Kearny NJ 07032

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

**Name of Employer** **Occupation**  
 NJ X-ray Service X-ray Tech

**Receipt For:** **Aggregate Year-to-Date**  
 Primary  General  
 Other (specify)   
 80000

**Date of Receipt**  
 03 20 2003

**Amount of Each Receipt this Period**  
 80000

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

**Mailing Address**  
 1135 Broad Street

**City** **State** **Zip Code**  
 Clifton NJ 07013

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

**Name of Employer** **Occupation**  
 Millennium Chiropractic Chiropractor

**Receipt For:** **Aggregate Year-to-Date**  
 Primary  General  
 Other (specify)   
 52500

**Date of Receipt**  
 03 20 2003

**Amount of Each Receipt this Period**  
 52500

**SUBTOTAL of Receipts This Page (optional)** 137500

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



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

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

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NAME OF COMMITTEE (In Full)  
**Council of New Jersey Chiropractors**

A. Full Name (Last, First, Middle Initial)  
**Gardner, Scott**

Mailing Address  
**915 Clifton Ave**

City  
**Clifton** State  
**NJ** Zip Code  
**07013**

FEC ID number of contributing federal political committee  
**00**

Name of Employer  
**Gardner Chiropractic** Occupation  
**Chiropractor**

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date \$  
**5000**

Date of Receipt  
**03 11 2002**

Amount of Each Receipt This Period  
**3000**

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

Mailing Address  
**161 W. White House Ave**

City  
**Galloway** State  
**NJ** Zip Code  
**08205**

FEC ID number of contributing federal political committee  
**00**

Name of Employer  
**Katimack Company** Occupation  
**Chiropractic**

Receipt For:  
 Primary  General  
 Other (specify) \_\_\_\_\_

Aggregate Year-to-Date \$  
**2500**

Date of Receipt  
**03 20 2002**

Amount of Each Receipt This Period  
**2500**

C. Full Name (Last, First Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee

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) **5500**

TOTAL This Period (last page this line number only) **242500**

**SCHEDULE C (FEC Form 3X)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)  
**Council of NJ Chiropractors**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State ZIP Code

Section:  
 Primary  
 General  
 Other (specify) **W**

Original Amount of Loan  
 Cumulative Payment To Date  
 Balance Outstanding at Close of This Period

TERMS  
 Date Incurred: [ ] [ ] [ ] [ ] [ ] [ ]  
 Date Due: [ ] [ ] [ ] [ ] [ ] [ ]  
 Interest Rate: [ ] [ ] [ ] [ ] [ ] [ ] % (ap)  
 Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ] [ ] [ ] [ ] [ ] [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ] [ ] [ ] [ ] [ ] [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ] [ ] [ ] [ ] [ ] [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ] [ ] [ ] [ ] [ ] [ ]

SUBTOTALS This Period This Page (optional) [ ] [ ] [ ] [ ] [ ] [ ]

TOTALS This Period (last page in this line only) [ ] [ ] [ ] [ ] [ ] [ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for  
information found on  
Page \_\_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20543

NAME OF COMMITTEE (in Full) <b>Council of NJ Chiropractors</b>	FEC IDENTIFICATION NUMBER <b>C</b>
---	---------------------------------------

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address	Date Incurred or Established	
City State Zip Code	Date Due	

A. Has loan been restructured?  No  Yes If yes, date originally incurred

B. If line of credit, Amount of this DRAW:  TOTAL Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.7(b)(14)(B) and 100.8(b)(12)(B).

Date account established:

Location of account: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which the loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE <input type="text"/>
---	------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set for the at 11 CFR 100.7(b)(1) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE <input type="text"/>
--	------------------------------

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 9 OF 10 FOR LINE NUMBER: (check only one)

NAME OF COMMITTEE (in Full) Council of NJ Chiropractors

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor; Nature of Debt (Purpose); Mailing Address; City, State, Zip Code

Outstanding Balance Beginning This Period; Amount Incurred This Period; Payment This Period; Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor; Nature of Debt (Purpose); Mailing Address; City, State, Zip Code

Outstanding Balance Beginning This Period; Amount Incurred This Period; Payment This Period; Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor; Nature of Debt (Purpose); Mailing Address; City, State, Zip Code

Outstanding Balance Beginning This Period; Amount Incurred This Period; Payment This Period; Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional); 2) TOTALS This Period (last page this line number only); 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only); 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (in Full) **Council of NJ Chiropractors**      FEC IDENTIFICATION NUMBER **C**

Full Name (Last, First, Middle Initial) of Payee \_\_\_\_\_      Purpose of Expenditure \_\_\_\_\_      Category/Type \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_      Name of Federal Candidate supported or opposed by expenditure: \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_      Office Sought:  House  Senate  Presidential  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Check One:  Support  Oppose

Full Name (Last, First, Middle Initial) of Payee \_\_\_\_\_      Purpose of Expenditure \_\_\_\_\_      Category/Type \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_      Name of Federal Candidate supported or opposed by expenditure: \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_      Office Sought:  House  Senate  Presidential  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Check One:  Support  Oppose

Full Name (Last, First, Middle Initial) of Payee \_\_\_\_\_      Purpose of Expenditure \_\_\_\_\_      Category/Type \_\_\_\_\_

Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_      Name of Federal Candidate supported or opposed by expenditure: \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_      Office Sought:  House  Senate  Presidential  
State: \_\_\_\_\_ District: \_\_\_\_\_  
Check One:  Support  Oppose

(a) SUBTOTAL of Itemized Independent Expenditures \_\_\_\_\_  
(b) SUBTOTAL of Unitemized Independent Expenditures \_\_\_\_\_  
(c) TOTAL Independent Expenditures \_\_\_\_\_

Under penalty of perjury, I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or publication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_      NOTARY PUBLIC

2003-07-23 10:23:23

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**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE**

**(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE OF  
FOR LINE 25 OF FORM 8X

NAME OF COMMITTEE (in Full) <i>Council of NJ Chariropractors</i>	
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO	Full Name of Subordinate Committee
If YES, name the designating committee:	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:	
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:	
Aggregate General Election Expenditure for this Candidate ▶		Amount	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure	Category/Type
Mailing Address		Date	
City State Zip Code			
Name of Federal Candidate Supported	Office Sought: House Senate Presidential	State: District:	
Aggregate General Election Expenditure for this Candidate ▶		Amount	

SUBTOTAL of Expenditures This Page (optional) ▶	
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS**

NAME OF COMMITTEE (In Full)  
**Council of NJ Chiropractors**

**USE ONLY ONE SECTION**

**A. NATIONAL PARTY COMMITTEES**

**FIXED FEDERAL PERCENTAGE** (Check the appropriate line and enter % in box to right) [ ] %

Presidential Year (65%)

All Other Years (60%)

**B. HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES**

**MINIMUM FEDERAL PERCENTAGE (65%)** (If checked, enter 65% in box to right) [ ] %

OR

**FUNDS EXPENDED:**

- Estimated Direct Candidate Support -- Federal [ ] %
- Estimated Direct Candidate Support -- Non-Federal [ ] %

**ADJUSTMENTS TO FUNDS EXPENDED:**

- Actual Direct Candidate Support -- Federal [ ] %
- Actual Direct Candidate Support -- Non-Federal [ ] %

NOTE: Funds expended must be used if the Federal proportion is greater than 65% in any year.

**C. SEPARATE REGISTERED FUNDS AND NON-PARTY-CILIO COMMITTEES**

**FUNDS EXPENDED:**

- Estimated Direct Candidate Support -- Federal [ ] %
- Estimated Direct Candidate Support -- Non-Federal [ ] %

**ADJUSTMENTS TO FUNDS EXPENDED:**

- Actual Direct Candidate Support -- Federal [ ] %
- Actual Direct Candidate Support -- Non-Federal [ ] %

**D. STATE AND LOCAL PARTY COMMITTEES**

**BALLOT COMPOSITION**  
 Check all Offices appearing on the next General Election Ballot:

		NUMBER OF POINTS
1. President	<input type="checkbox"/>	(1 Point)
2. U.S. Senate	<input type="checkbox"/>	(1 Point)
3. U.S. Congress	<input type="checkbox"/>	(1 Point)
4. SUBTOTAL - Federal (ADD 1, 2, AND 3)		
6. Governor	<input type="checkbox"/>	(1 Point)
6. Other Statewide Office(s)	<input type="checkbox"/>	(1 or 2 Points)
7. State Senate	<input type="checkbox"/>	(1 Point)
8. State Representative	<input type="checkbox"/>	(1 Point)
9. Local Candidates	<input type="checkbox"/>	(1 or 2 Points)
10. Extra Non-Federal Point	<input type="checkbox"/>	(1 Point)
11. SUBTOTAL - Non-Federal (Add 6, 7, 8, 9, and 10)		
12. TOTAL POINTS (Line 4 plus Line 11)		
<b>FEDERAL ALLOCATION</b> ← Line 4 divided by Line 12		<span style="float:right">[ ] %</span>

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (in Full)  
**Council of 15 Chiropractors**

**ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.**

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.
- III. **Shared DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NON-FEDERAL % [ ] %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NON-FEDERAL % [ ] %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NON-FEDERAL % [ ] %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NON-FEDERAL % [ ] %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NON-FEDERAL % [ ] %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % [ ] %	NON-FEDERAL % [ ] %



**SCHEDULE H3 (FEC Form 3X)  
TRANSFERS FROM NON-FEDERAL ACCOUNTS**

PAGE OF  
FOR LINE 1B OF FORM 3X

NAME OF COMMITTEE (In Full)  
**Council of New Jersey Chiropractors**

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF TRANSFER RECEIVED**

**ADMINISTRATIVE/VOTER DRIVE AMOUNT**

D) Total Administrative/Voter Drive

[Empty box for Total Administrative/Voter Drive Amount]

K) Direct Fundraising  
(List Events-Amount For Each)

**DIRECT FUNDRAISING AMOUNT**

a) \_\_\_\_\_

[Empty box for Direct Fundraising Amount - Row a]

b) \_\_\_\_\_

[Empty box for Direct Fundraising Amount - Row b]

c) \_\_\_\_\_

[Empty box for Direct Fundraising Amount - Row c]

d) \_\_\_\_\_

[Empty box for Direct Fundraising Amount - Row d]

e) Total Amount Transferred For Direct Fundraising

[Empty box for Total Amount Transferred For Direct Fundraising]

M) Exempt Activity/Direct Candidate Support  
(List Events-Amount For Each)

**EXEMPT ACTIVITY/  
DIRECT CANDIDATE SUPPORT**

a) \_\_\_\_\_

[Empty box for Exempt Activity/Direct Candidate Support - Row a]

b) \_\_\_\_\_

[Empty box for Exempt Activity/Direct Candidate Support - Row b]

c) \_\_\_\_\_

[Empty box for Exempt Activity/Direct Candidate Support - Row c]

d) \_\_\_\_\_

[Empty box for Exempt Activity/Direct Candidate Support - Row d]

e) Total Amount Transferred For  
Exempt Activity/Direct Candidate Support

[Empty box for Total Amount Transferred For Exempt Activity/Direct Candidate Support]

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period  
(Administrative/Voter Drive Amount)

[Empty box for Total Administrative/Voter Drive Amount]

TOTAL This Period (Direct Fundraising Amount)

[Empty box for Total Direct Fundraising Amount]

TOTAL This Period (Exempt Activity/Direct Candidate Support)

[Empty box for Total Exempt Activity/Direct Candidate Support]

TOTAL This Period (Total Amount Transferred)

[Empty box for Total Amount Transferred]

DISBURSEMENT SCHEDULE H4 (FEC Form 3X)  
JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 01  
OF  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (in Full)  
**Council of NJ Chiropractors**

A. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event:		<input type="checkbox"/> Direct Candidate Support	
Description:		Event Year-To-Date	
		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event:		<input type="checkbox"/> Direct Candidate Support	
Description:		Event Year-To-Date	
		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)		Type of Allocated Activity:	
Mailing Address		<input type="checkbox"/> Admin./Voter Drive	<input type="checkbox"/> Fundraising
City	State	Zip Code	<input type="checkbox"/> Exempt
Purpose/Event:		<input type="checkbox"/> Direct Candidate Support	
Description:		Event Year-To-Date	
		Date	
FEDERAL SHARE		+	NON-FEDERAL SHARE
		=	TOTAL AMOUNT

SUBTOTAL of Joint Federal and Non-Federal Activity This Page		
FEDERAL SHARE	+	NON-FEDERAL SHARE
	=	TOTAL AMOUNT
TOTAL This Period (last page for each line only)(Federal share to 21(a)(2) and non-Federal share to 21(a)(3))		
FEDERAL SHARE		TOTAL AMOUNT
TOTAL This Period for the Non-Federal Share (used for line 21 of the detailed summary page)		

**SCHEDULE I (FEC Form 3X)  
AGGREGATION PAGE  
NON-FEDERAL ACCOUNTS OF NATIONAL PARTY COMMITTEES**

(Use a separate Aggregation Page for each nonfederal account)

NAME OF COMMITTEE (in Full) <p style="text-align: center; font-size: 1.2em; margin: 0;">Council of NJ Chiropractors</p>	
NAME OF ACCOUNT	Coverage Period From: [ ]/[ ]/[ ] To: [ ]/[ ]/[ ]

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
<b>RECEIPTS</b> (Attach Supporting Memo Schedule A Itemizing Receipts Aggregating in Excess of \$200 During the Calendar Year)		
1. TOTAL RECEIPTS:		
<b>DISBURSEMENTS:</b> (Attach Supporting Memo Schedule B Itemizing Disbursements Aggregating in Excess of \$200 During the Calendar Year)		
2. Transfers to Federal or Allocation Account for Allocable Expenses.....		
3. Transfers to State/Local Party Organizations .....		
4. Direct State/Local Candidate Support .....		
5. Other Disbursements .....		
6. TOTAL DISBURSEMENTS (add Lines 2, 3, 4, and 5).....		
<b>SUMMARY</b>		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st) .....		
8. RECEIPTS (from Line 1).....		
9. SUBTOTAL .....		
10. DISBURSEMENTS (from Line 6).....		
11. ENDING CASH ON HAND.....		

## 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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) <i>4/15/02</i>
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify )	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>EA</i>	<i>4/22/02</i>
PREPARER	DATE PREPARED