

RECEIVED
FEC MAIL
OPERATIONS CENTER

2002 OCT 22 A 10:51
Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. 12F14M5

ADDRESS (number and street) **Dr. David Swint**
Council of New Jersey Organizations
114 Newark Pompton Pike #140
Parsippany, NJ 07440

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00262303 CITY STATE ZIP CODE

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

<input type="checkbox"/> April 15 Quarterly Report (Q1)	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> July 15 Quarterly Report (Q2)	<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input checked="" type="checkbox"/> October 15 Quarterly Report (Q3)	<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)
<input type="checkbox"/> January 31 Year-End Report (YE)				

(b) Monthly Report Due On:

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on: [] [] [] in the State of []

(d) 90-Day POST-Election Report for this:

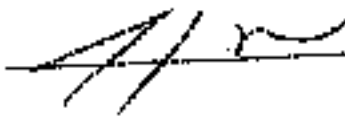
<input type="checkbox"/> General (90G)	<input type="checkbox"/> Runoff (90R)	<input type="checkbox"/> Special (90S)
--	---------------------------------------	--

Election on: [] [] [] in the State of []

5. Covering Period 07/01/2002 through 09/30/2002

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, DC

Signature of Treasurer:  Date 10/15/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437c

Office Use Only									
-----------------	--	--	--	--	--	--	--	--	--

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Council of NJ Chiropractors

Report Covering the Period:

From:

07/01/2002

To:

09/30/2002

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1.	<u>2002</u>	<u>173811</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>346682</u>	
(c) Total Receipts (from Line 19)	<u>215000</u>	<u>985500</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>561682</u>	<u>1602831</u>
7. Total Disbursements (from Line 20)	<u>60827</u>	<u>502026</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>500855</u>	<u>500855</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	<u>0</u>	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	<u>0</u>	

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 20463

Toll Free 800-424-9530
Local 202-684-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 278 (Revised 1/01)

Page 3

Write or Type Committee Name

Council of NJ Chiropractors

Report Covering the Period:

From:

07 01 2002

To:

09 30 2002

I. 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)	5,500.00	
(ii) Unitemized	1,600.00	
(ii) TOTAL (add Lines 11(a)(i) and (ii)	2,150.00	7,855.00
(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 32, page 4)	2,150.00	7,855.00
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 36, 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)	2,150.00	9,855.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	2,150.00	9,855.00

DETAILED SUMMARY PAGE
of Disbursements

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	10,827	38,202.66
(c) Total Operating Expenditures (add 21(a)(i), (ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	12,000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 5441a(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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)		
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	60,827	50,202.66
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))	10,827	38,202.66
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35)		

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

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

FDR LINE NUMBER:
(check only one)

PAGE

OF 2

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)

Council of NJ Chiropractors

Full Name (Last, First, Middle Initial)

Libertazza George

Date of Receipt

03/09/2002

Mailing Address

39 Meadow Road

City

Rutherford

State

NJ

Zip Code

07070

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

10000

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

40000

Full Name (Last, First, Middle Initial)

Libertazza George

Date of Receipt

09/06/2002

Mailing Address

39 Meadow Road

City

Rutherford

State

NJ

Zip Code

07070

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

20000

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

60000

Full Name (Last, First, Middle Initial)

Lalla Richard

Date of Receipt

03/09/2002

Mailing Address

161 White Horse Pike

City

Galloway

State

NJ

Zip Code

08205

FEC ID number of contributing federal political committee.

C

Amount of Each Receipt this Period

15000

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

45000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page has line number only)

45000

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

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

FOR LINE NUMBER: PAGE 2 OF 07
(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)

Council of NJ Cheesemakers

Full Name (Last, First, Middle Initial)

Holla, Richard

Mailing Address

161 White Horse Pike

City

Galloway

State

NJ

Zip Code

08305

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary

General

Other (specify)

Aggregate Year-to-Date

550.00

Date of Receipt

09/16/2002

Amount of Each Receipt this Period

100.00

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

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)

TOTAL This Period (last page this line number only)

100.00
550.00

**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 OF

<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"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<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 NJ Charpentiers

Full Name (Last, First, Middle Initial)

Valley National Bank

Date of Disbursement

09/29/2003

Mailing Address

328 Palisade Ave

City

Boquet

State

NY

Zip Code

07603

Amount of Each Disbursement this Period

10,800

Purpose of Disbursement

001

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Tarricelli for Senate

Date of Disbursement

09/29/2003

Mailing Address

303 George Street

City

New Brunswick

State

NY

Zip Code

08903

Amount of Each Disbursement this Period

50,000

Purpose of Disbursement

011

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

60,800
60,800

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)		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Mailing Address		
City	State ZIP Code	

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

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
		% (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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. 20463

NAME OF COMMITTEE (in Full)
COUNCIL of NJ Charapetors
FEC IDENTIFICATION NUMBER
0

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? 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)(11)(i)(B) and 100.8(b)(12)(i)(B). Location of account: Address: City, State, Zip: Date account established:

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 this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature
DATE

H. Attach a signed copy of the loan agreement.
I. TO BE SIGNED BY THE LENDING INSTITUTION:
I. 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.
II. 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.
III. 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)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title
DATE

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE OF

FOR LINE NUMBER: (check only one)

9 10

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 NS Chicago, Inc.

FEC IDENTIFICATION NUMBER
0

Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City	State Zip Code		
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City	State Zip Code		
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Full Name (Last, First, Middle Initial) of Payee		Purpose of Expenditure	Category/Type
Mailing Address		Name of Federal Candidate supported or opposed by expenditure:	
City	State Zip Code		
Date	Amount	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
		Check One: <input type="checkbox"/> Support <input type="checkbox"/> 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 _____

My Commission expires: _____

Signature _____ Date _____

NOTARY PUBLIC

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 3X

NAME OF COMMITTEE (In Full) Council of 15 Chiropractors

Has your committee been designated to make coordinated expenditures by a political party committee? YES NO IF YES, name the designating committee: Full Name of Subordinate 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

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

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

SUBTOTAL of Expenditures This Page (optional) TOTAL This Period (last page this for member 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)

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 SEGREGATED FUNDS AND NON-CONNECTED 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:

- | | | | |
|---|--------------------------|-----------------------|--|
| 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) | | | |
| 5. 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 5, 6, 7, 8, 9, and 10) | | | |
| 12. TOTAL POINTS (Line 4 plus Line 11) | | | |

NUMBER OF POINTS

FEDERAL ALLOCATION = Line 4 divided by Line 12

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (in Full) Council of NJ Chapters

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 %
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 % _____%
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 18 OF FORM 3X

NAME OF COMMITTEE (In Full)
Council of AS Chiropractors

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

BREAKDOWN OF TRANSFER RECEIVED

ADMINISTRATIVE/VOTER DRIVE AMOUNT

i) Total Administrative/Voter Drive

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

DIRECT FUNDRAISING AMOUNT

a) _____

b) _____

c) _____

d) _____

e) Total Amount Transferred For Direct Fundraising

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

EXEMPT ACTIVITY/
DIRECT CANDIDATE SUPPORT

a) _____

b) _____

c) _____

d) _____

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period
(Administrative/Voter Drive Amount)

TOTAL This Period (Direct Fundraising Amount)

TOTAL This Period (Exempt Activity/Direct Candidate Support)

TOTAL This Period (Total Amount Transferred)

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

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
Council of NJ Chapters

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	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Event Year-To-Date	
Description:		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	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Event Year-To-Date	
Description:		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	<input type="checkbox"/> Direct Candidate Support
Purpose/Event:		Event Year-To-Date	
Description:		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 Form only)(Federal share to 21(a)(i) and non-Federal share to 21(a)(ii))			
FEDERAL SHARE			TOTAL AMOUNT
		NON-FEDERAL SHARE	
TOTAL This Period for the Non-Federal Share (used for line 31 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)
Council of NJ Churchgoers

NAME OF ACCOUNT	Coverage Period	
	From: <i>January 1, 1987</i>	To: <i>December 31, 1987</i>

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
--	---------------------------------------	----------------------------------

RECEIPTS

(Attach Supporting Memo Schedule A
Itemizing Receipts Aggregating in Excess
of \$200 During the Calendar Year)

1. TOTAL RECEIPTS:

DISBURSEMENTS:

(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

6. Other Disbursements

6. TOTAL DISBURSEMENTS
(add Lines 2, 3, 4, and 5)

SUMMARY

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>10/15/02</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>ER</i>	<i>10/22/02</i>
PREPARER	DATE PREPARED