

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 21 9 51 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Council of New Jersey Chiropractors

ADDRESS (number and street) Check if different than previously reported
67 Eleron Place

CITY, STATE and ZIP CODE
Wayne, N.J. 07470

2. FEC IDENTIFICATION NUMBER
C 0026 2303

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

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
10/1/97 through 12/31/97		
6. (a) Cash on Hand January 1, 1997		\$ 164.03
(b) Cash on Hand at Beginning of Reporting Period	\$ 3,825.71	
(c) Total Receipts (from Line 1B)	\$ 17,185.00	\$ 44,218.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 21,010.71	\$ 44,382.03
7. Total Disbursements (from Line 3D)	\$ 5,807.33	\$ 29,178.65
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,203.38	\$ 15,203.38
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:
Federal Election Commission
899 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-218-3420

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
Edward J. Rahuba, D.C.

Signature of Treasurer
Edward J. Rahuba

Date
1/10/98

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

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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		REPORT COVERING PERIOD		
Council Of New Jersey Chiropractors		FROM 10/1/97	TO 12/31/97	
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)		14,700.00	29,248.00	1190
ii. Unitemized		2,485.00	14,970.00	1190
iii. Total (add i and ii) >		17,185.00	44,218.00	1190
b. Political Party Committees				1191
c. Other Political Committees (such as PACs)				1192
d. Total Contributions (add a ii, b and c) >		17,185.00	44,218.00	1193
12. Transfers From Affiliated/Other Party Committees				1194
13. All Loans Received				1195
14. Loan Repayments Received				1196
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)				1197
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				1198
17. Other Federal Receipts (Dividends, Interest, etc.)				1199
18. Transfers from Nonfederal Account for Joint Activity				1200
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		17,185.00	44,218.00	1201
20. Total Federal Receipts (subtract line 18 from line 19) >		17,185.00	44,218.00	1202
II Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share				2190
ii. Non-Federal Share				2191
b. Other Federal Operating Expenditures		4,807.33	25,428.65	2192
c. Total Operating Expenditures (add a i, a ii, and b) >				2193
22. Transfers to Affiliated/Other Party Committees				2194
23. Contributions to Federal Candidates/Committees and Other Political Committees		1,000.00	3,750.00	2195
24. Independent Expenditures (use Schedule E)				2196
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				2197
26. Loan Repayments Made				2198
27. Loans Made				2199
28. Refunds of Contributions To:				
a. Individuals/Persons Other Than Political Committees				2190
b. Political Party Committees				2191
c. Other Political Committees (such as PACs)				2192
d. Total Contribution Refunds (add a, b and c) >				2193
29. Other Disbursements				2194
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		5,807.33	29,174.65	2195
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		5,807.33	29,174.65	2196
III Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans) (from line 11d)		17,185.00	44,218.00	2197
33. Total Contribution Refunds (from line 28d)		-0-	-0-	2198
34. Net Contributions (other than loans) (subtract line 33 from line 32)		17,185.00	44,218.00	2199
35. Total Federal Operating Expenditure (add 21 a i and 21 b) >		5,807.33	29,174.65	2200
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-	2201
37. Net Operating Expenditures (subtract line 36 from line 35) >		5,807.33	29,174.65	2202

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Council Of NJ Chiropractors

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WOODBRIDGE HILTON 120 WOOD AVE, SOUTH ISLIP, NJ 08830	SEMINAR Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/4/97	295.00
SYCOM 500 MAIN ST. GROTON, MA 01471	MAILING MATERIALS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/30/97	310.00
BARTLETTS ASSOCIATES 11 SPENCER LAWR WARREN, NJ 07059	LOBBYIST Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/6/97	4.00
DR D. ZERMINSKI 885 LINCOLN AVE. GLEN ROCK, NJ 07452	MAILING COSTS Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/8/97	202.24
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 4807.24

TOTAL This Period (last page this line number only) 4807.24

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 111 OF 111
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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. R. M. NEW JERSEY REPUBLICAN NOMINA 28 WEST STATE STREET TRENTON, NJ 08608	GENERAL FUND Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/7/97	1,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

1,500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 4
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
MARIC CERVINO 155 PARK AVE LYND HURST	SAME	11/4/97	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor	11/21/97	500.00
	Aggregate Year-to-Date > \$	599.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL COHEN 12-04 SADDLE RIVER RD FAIR HAVEN NJ	SAME	11/14/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$	1099.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
TIMOTHY CONROY 477 SOMERSET ST NORTH PLAINFIELD N.J 07060	SAME	11/14/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$	599.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN DALE 666 GODWIN AVE SUITE 110 MIDLAND PARK NJ 07432	SAME	12/10/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$	599.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MICHAEL FOX 250 MILLBURN AVE MILLBURN, NJ 07041	SAME	11/4/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$	599.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DARRICK GENTRONG JR. 714 BROADWAY PATERSON NJ 07514	SAME	10/20/97 01/16/97	100.00 200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$	900.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SUSAN GUARINO 558 JORALEMON ST Belleville NJ 07109	SAME	10/20/97 11/17/97 12/16/97	100.00 600.00 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date > \$	2249	

SUBTOTAL of Receipts This Page (optional)

4300.00

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 4
FOR LINE NUMBER

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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
JETT GURMAN 65 FAIRVIEW AVE WESTWOOD, N.J. 07675 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 1200	11/4/97	580.00
TERRY KAHN 2698 Rode 516 Suite C OLD BRIDGE, N.J. 08857 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 1649	11/4/97	500.00
CHRISTOPHER KENT 714 BROADWAY PATERSON, N.J. 07514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 1000	11/4/97 2/30/97	100.00 100.00
RICHARD KLINGENT 1319 OLD ZION RD. EGG HARBOR TWP NJ 08234 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 999	11/14/97 12/16/97	500.00 200.00
GEORGE LUBERTAZZO 39 MEADOW ROAD RUTHERFORD, N.J. 07070 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 1649	10/20/97 11/21/97 12/16/97 12/30/97	100.00 100.00 100.00 100.00
LORENZO MARCHESI 3 HOWE AVE NOTLEY, N.J. 07110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 399	11/4/97	250.00
JONATHAN MASTROBATTISTA 10 ANDERSON ST BERNARDSVILLE, N.J. 07924 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: CHIROPRACTOR Aggregate Year-to-Date > \$ 1199	10/20/97 11/4/97 11/14/97 11/21/97 12/30/97	100.00 580.00 150.00 100.00 100.00

SUBTOTAL of Receipts This Page (optional)

3500

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 4
FOR LINE NUMBER

112

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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
PAUL ROSES 899-901 Ave C BAYONNE NJ 07002 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: Chiropractor Aggregate Year-to-Date > \$ 2099.-	11/21/97	\$1000.00
THOMAS SIDOTI 180 Lexington Ave Clifton NJ 07011 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: Chiropractor Aggregate Year-to-Date > \$ 1349	11/4/97	\$1000.00
STEVEN ERDC 26 Court St - Suite 1905 Brooklyn NJ 11242 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: Chiropractor Aggregate Year-to-Date > \$ 1000.-	12/30/97	\$ 100.-
JON MANDALL 150 Middlesex Ave Metuchen NJ 08840 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: Chiropractor Aggregate Year-to-Date > \$ 1099	12/16/97	\$1000.00
NANCY SMITH 10 PINE ST Morristown NJ 07960 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: Chiropractor Aggregate Year-to-Date > \$ 500.-	11/4/97	\$ 500.00
ARNOLD TAUB 265 FRANKLIN AVE Nutley NJ 07110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: Chiropractor Aggregate Year-to-Date > \$ 449.00	12/30/97	\$ 100.-
ANTHONY SORIANO 4100 Nottingham Way Trenton NJ 08691 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	SAME Occupation: Chiropractor Aggregate Year-to-Date > \$ 1199.00	10/20/97 11/4/97 12/16/97	\$ 100.00 \$ 100.00 \$ 100.00

SUBTOTAL of Receipts This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 4
FOR LINE NUMBER 11A

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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
GARY Stewart 43 Newark Tompton Tpk Riverdale N.J 07457	SAME	10/9/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > \$ 1299.		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JAY VAN Seter 455 Newark Tompton Tpk. Wayne NJ 07470	SAME	10/9/97	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > \$ 500.00	12/16/97	\$ 100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Penny DELANO 124 LANZA Ave Garfield NJ 07026	SAME	11/14/97	\$ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > \$ 1198.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DAVID FANO 178 LAKEVIEW AVE CLIFTON NJ 07011	SAME	11/4/97	\$ 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > \$ 1149.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elliott Foster 186 Paterson Ave East Rutherford.	SAME	10/9/97	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > \$ 1368.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William Winters 629 Wyckoff Ave Wyckoff NJ 07481	SAME	10/9/97	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chiropractor Aggregate Year-to-Date > \$ 869.00	11/4/97 11/14/97	\$ 100.00 \$ 100.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

14700.00

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 1/12/98
<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	
 D.A.Q. PREPARER	 1/21/98 DATE PREPARED