

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 JAN 19 P 1:08

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in NR)
Council of N.J. Child Practics

ADDRESS (number and street) Check if different than previously reported
486 Riverdale Road

CITY, STATE and ZIP CODE
Riverdale, NJ 07075

2. FEC IDENTIFICATION NUMBER

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

- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

- (b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>July 1, 1999</u> through <u>Sept. 30, 1999</u>		
6. (a) Cash on Hand January 1, 19 <u>99</u>		\$ 13,341.72
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,516.12	
(c) Total Receipts (from Line 19)	\$ 12,059.37	\$ 23,284.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 14,575.49	\$ 36,626.71
7. Total Disbursements (from Line 20)	\$ 12,984.95	\$ 35,036.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1,590.54	\$ 1,590.54
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0-	For further information contact: Federal Election Commission 800 E Street, NW Washington, DC 20463 Tel Free 800-424-6690 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0	

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

Type or Print Name of Treasurer David J. Sant

Signature of Treasurer David J. Sant

Date 12/20/99

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

FEC FORM 3X
(revised 9/99)

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
	FROM	TO	
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			11(a)(i)
i. Itemized (use Schedule A)	7750.00	13,550.00	11(a)(ii)
ii. Unitemized	4809.37	9,734.99	11(a)(iii)
iii. Total (add i and ii) >	12,059.37	23,284.99	11(b)
b. Political Party Committees			11(c)
c. Other Political Committees (such as PACs)			11(d)
d. Total Contributions (add a iii, b and c) >	12,059.37	23,284.99	12
12. Transfers From Affiliated/Other Party Committees			13
13. All Loans Received			14
14. Loan Repayments Received			15
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			16
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			17
17. Other Federal Receipts (Dividends, Interest, etc.)			18
18. Transfers from Nonfederal Account for Joint Activity			19
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	12,059.37	23,284.99	20
20. Total Federal Receipts (subtract line 18 from line 19) >	12,059.37	23,284.99	
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i. Federal Share			21(a)(ii)
ii. Non-Federal Share			21(b)
b. Other Federal Operating Expenditures			21(c)
c. Total Operating Expenditures (add a i, a ii, and b) >	12,434.95	33,386.17	22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees			24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441b(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made			
28. Refunds of Contributions To:			28(a)
a. Individual/Persons Other Than Political Committees			28(b)
b. Political Party Committees			28(c)
c. Other Political Committees (such as PACs)			28(d)
d. Total Contribution Refunds (add a, b and c) >			29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,984.95	35,036.17	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	12,984.95	35,036.17	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	7,250.00	13,550.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	7,250.00	13,550.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	12,984.95	35,036.17	35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >	12,984.95	35,036.17	37

SCHEDULE A

ITEMIZED RECEIPTS

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Blizney 183 Rt 206 South Flanders, NJ 07836 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	7-14-99	200.00
	Chiropractor	8-24-99	100.00
		9-8-99	100.00
		Aggregate Year-to-Date > \$ 500.00	
Tim Conroy 477 Somerset St. No. Plainfield, NJ 07060 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	7-27-99	600.00
	Chiropractor		
		Aggregate Year-to-Date > \$ 1000.00	
Perry Dellanno 532 Broad St. Bloomfield, NJ 07003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	9-7-99	300.00
	Chiropractor	7-29-99	50.00
		Aggregate Year-to-Date > \$ 650.00	
Steve Dobson 301 Beech St. Hackensack, NJ 07601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	7-14-99	100.00
	Chiropractor	8-24-99	100.00
		9-21-99	150.00
		Aggregate Year-to-Date > \$ 400.00	
Eric Evans 311 Farmsworth Ave Borden town, NJ 08505 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	9-8-99	600.00
	Chiropractor		
		Aggregate Year-to-Date > \$ 600.00	
David Fano 178 Lakeview Ave Clayton, NJ 07011 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	7-27-99	600.00
	Chiropractor		
		Aggregate Year-to-Date > \$ 600.00	
Michael Fox 250 Millburn Ave Millburn, NJ 07041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	7-27-99	250.00
	Chiropractor		
		Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) **3150.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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
SUE Guarino 858 Jerusalem St Belleville, NJ 07009 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	8-24-99	200.00
	Occupation: Chiropractor	9-21-99	100.00
		Aggregate Year-to-Date > \$ 300.00	
B. Full Name, Mailing Address and ZIP Code Eric Leventhal 555 Passaic Ave W Caldwell, NJ 07006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	8-24-99	300.00
	Occupation: Chiropractor		
		Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code George Lubertow 39 Meadow Rd Rutherford, NJ 07070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	7-14-99	100.00
	Occupation: Chiropractor	8-24-99	100.00
		9-8-99	100.00
		Aggregate Year-to-Date > \$ 900.00	
D. Full Name, Mailing Address and ZIP Code Ray Milazzo 1040 Clifton Ave Clifton, NJ 07013 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	9-8-99	600.00
	Occupation: Chiropractor		
		Aggregate Year-to-Date > \$ 600.00	
E. Full Name, Mailing Address and ZIP Code Anthony Panizza 11 So. Farview Ave Parsippany, NJ 07652 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	8-24-99	300
	Occupation: Chiropractor		
		Aggregate Year-to-Date > \$ 650	
F. Full Name, Mailing Address and ZIP Code Steven Pisker 1003 Kings Highway & Centy Sq. SINCELESDORO, NJ 08085 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	9/21/99	500
	Occupation: Chiropractor		
		Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code Ed Rahuba Ct Eleron Pl Wayne, NJ 07480 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	9-16-99	300.
	Occupation: Chiropractor		
		Aggregate Year-to-Date > \$ 300	

SUBTOTAL of Receipts This Page (optional) **2600.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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
TIM SARTO 289 Lake St U.S.P. NJ 07458 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	9-21-99	100
	Chiropractor	8-24-99	200
Aggregate Year-to-Date > \$ 300.00			
B. Full Name, Mailing Address and ZIP Code Anthony Soriello 18-31 Pennington Rd Trenton NJ 08618 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	9-21-99	450
	Chiropractor	9-8-99	100
Aggregate Year-to-Date > \$ 650			
C. Full Name, Mailing Address and ZIP Code Cray Stewart 43 Newark-Pompton Pike Riverton NJ 07457 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	7-14-99	300
	Chiropractor		
Aggregate Year-to-Date > \$ 900			
D. Full Name, Mailing Address and ZIP Code Annice Trub 265 Franklin Ave Nutley NJ 07110 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self	7-27-99	200
	Chiropractor	7-29-99	50
Aggregate Year-to-Date > \$ 550			
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self		
	Chiropractor		
Aggregate Year-to-Date > \$			
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self		
	Chiropractor		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self		
	Chiropractor		
Aggregate Year-to-Date > \$			

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	7250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF
FOR LINE NUMBER

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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
MWW Group 1 Meadowslands Pl. 6th Fl. E. Rutherford NJ 07073	Lobbyist	7/28/99	4,060.20
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/99	1,177.62
MWW Group	LI	8/9/99	200
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/24/99 9/21/99	2800 4,107.35
Valley National Bank Wayne, NJ	Charge - NOTES	N/A	149.78
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

12,434.95

TOTAL This Period (last page this line number only)

12,434.95

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
The Election Fund OF FRANK J. BLEE	donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11-30-99	250 --
Friends of Senator JOHN BENNETT	donation Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8-9-99	300 --
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)	550.00
TOTAL This Period (last page this line number only)	550 --

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 1/14/00
<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	
J. A. [unclear]	1/19/00
PREPARER	DATE PREPARED