

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2002 FEB 27 A 11:22

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

COUNCIL OF NEW JERSEY CHIROPRACTORS

ADDRESS (number and street) **40 NEWARK-POMPONONK TOWNSHIP**

Check if different than previously reported. (ACC) **PEQUANNAUCK - NJ 07440**

2. **FEC IDENTIFICATION NUMBER** 000262303 **CITY** **STATE** **ZIP CODE**

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:

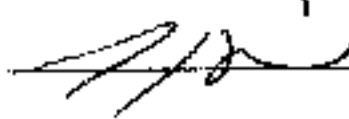
General (30G) Runoff (30R) Special (30S)

Election on _____ in the State of _____

5. Covering Period 01 01 2001 through 12 31 2001

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, D.C.**

Signature of Treasurer  Date 01 30 2002

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

**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:

01 01 2001

To:

12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	<u>5000</u>	<u>225714</u>
(b) Cash on Hand at Beginning of Reporting Period	<u>208955</u>	
(c) Total Receipts (from Line 19)	<u>615000</u>	<u>1704000</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<u>823955</u>	<u>1929714</u>
7. Total Disbursements (from Line 30)	<u>806574</u>	<u>1912333</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<u>17381</u>	<u>17381</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 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Council of NJ Chiropractors

Report Covering the Period:

From:

01 01 2001

To:

12 31 2001

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)	<u>3200.00</u>	
(ii) Unitemized	<u>2950.00</u>	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	<u>6150.00</u>	<u>17040.00</u>
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	<u>6150.00</u>	<u>17040.00</u>
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)	<u>6150.00</u>	<u>17040.00</u>
20. Total Federal Receipts (subtract Line 19 from Line 18)	<u>6150.00</u>	<u>17040.00</u>

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	54,157.4	164,733.3
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	54,157.4	164,733.3
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,500.0	8,500.0
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(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))	18,000.0	18,000.0
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	806,574	1,912,333
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	615,000	1,704,000
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	615,000	1,704,000
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	54,157.4	164,733.3
36. Offsets to Operating Expenditures (from Line 15, page 3)	4,239.6	
37. Net Operating Expenditures (subtract Line 36 from Line 35)	73,926	56,667

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the listed Summary Page	FOR LINE NUMBER: (check only one)	PAGE: 3 OF 3
<input type="checkbox"/> 11	<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

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

A. Full Name (Last, First, Middle Initial) **Sue Guarino**

Mailing Address **858 Joraleman Street**

City **Bellerive NJ** State **NJ** Zip Code **07109**

FEC ID number of contributing federal political committee: **0**

Name of Employer: **Guarino Chiropractic** Occupation: **Chiropractor**

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

Aggregate Year-to-Date **20000**

Date of Receipt: **08 21 2007**

Amount of Each Receipt this Period: **20000**

B. Full Name (Last, First, Middle Initial) **Sue Guarino**

Mailing Address **858 Joraleman Street**

City **Bellerive NJ** State **NJ** Zip Code **07109**

FEC ID number of contributing federal political committee: **0**

Name of Employer: **Guarino Chiropractic** Occupation: **Chiropractor**

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

Aggregate Year-to-Date **50000**

Date of Receipt: **7 2 2007**

Amount of Each Receipt this Period: **30000**

C. Full Name (Last, First, Middle Initial) **John Berenzay**

Mailing Address **183 Rt. 206 South**

City **Flanders NJ** State **NJ** Zip Code **07836**

FEC ID number of contributing federal political committee: **0**

Name of Employer: **John Berenzay D.C.** Occupation: **Chiropractor**

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

Aggregate Year-to-Date **95000**

Date of Receipt: **10 09 2007**

Amount of Each Receipt this Period: **85000**

SUBTOTAL of Receipts This Page (optional) **135000**

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 Election Summary Page

FOR LINE NUMBER: PAGE 2 OF 3
(check only one)

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of making 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

A. Full Name (Last, First, Middle Initial)
Francesca Commune

Mailing Address
1016 McBride Ave

City **West Paterson** State **NJ** Zip Code **07424**

FEC ID number of contributing federal political committee
C

Name of Employer
Commune Occupation
Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60000

Date of Receipt
09 **2007**

Amount of Each Receipt this Period
30000

B. 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 ▼
90000

Date of Receipt
09 **2007**

Amount of Each Receipt this Period
30000

C. Full Name (Last, First, Middle Initial)
George Lubertazzo

Mailing Address
39 Meadow Road

City **Rutherford** State **NJ** Zip Code **07070**

FEC ID number of contributing federal political committee
C

Name of Employer
Lubertazzo Occupation
Chiropractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000

Date of Receipt
09 **2007**

Amount of Each Receipt this Period
50000

SUBTOTAL of Receipts This Page (optional) ▶ **100000**

TOTAL This Period (list page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category or the Detailed Burdening Page

FOR LINE NUMBER: PAGE 3 of 3
(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 New Jersey Chiropractors

A. Full Name (Last, First, Middle Initial)
Gary Stewart
 Mailing Address
93 Newark-Pompton Turnpike
 City **Riverdale** State **NJ** Zip Code
 FEC ID number of contributing federal political committee
0
 Name of Employer **Stewart Chiro** Occupation **Chiropractor**
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
08 23 2007
 Amount of Each Receipt this Period
600.00
 Aggregate Year-to-Date
1200.00

B. Full Name (Last, First, Middle Initial)
Tim Sante
 Mailing Address
289 Lake Street
 City **Upper Saddle River** State **NJ** Zip Code **07458**
 FEC ID number of contributing federal political committee
0
 Name of Employer **Sante Chiropractic** Occupation **Chiropractor**
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
10 29 2007
 Amount of Each Receipt this Period
250.00
 Aggregate Year-to-Date
250.00

C. Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee
0
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify)

Date of Receipt
 Amount of Each Receipt this Period
 Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) **850.00**
 TOTAL This Period (first page this line number only) **3200.00**

**SCHEDULE B (FEC Form 3X)
TERMINED DISBURSEMENTS**

Like Appropriate schedule for each category of the Debited Summary Page		FOR LINE NUMBER: (Include any zeros)		PAGE	OF
<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 20	<input type="checkbox"/> 21	<input type="checkbox"/> 25	
<input type="checkbox"/> 20	<input type="checkbox"/> 27	<input type="checkbox"/> 28	<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 for or in support of any political purposes, either listed 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

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

Mailing Address
328 Palisades Ave

City **Bozota NJ** State **NJ** Zip Code **07603**

Purpose of Disbursement
Bank Charge

Candidate Name _____

Date of Disbursement
09 01 2001

Amount of Each Disbursement this Period
178.96

Category Type
001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

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

Mailing Address
328 Palisade Ave

City **Bozota NJ** State **NJ** Zip Code **07603**

Purpose of Disbursement _____

Candidate Name _____

Date of Disbursement
12 01 2001

Amount of Each Disbursement this Period
113.77

Category Type
001

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

C. Full Name (Last, First, Middle Initial)
MWW Group

Mailing Address
Meadowlands Plaza

City **East Rutherford NJ** State **NJ** Zip Code _____

Purpose of Disbursement
Lobbyist

Candidate Name _____

Date of Disbursement
09 18 2001

Amount of Each Disbursement this Period
261.52

Category Type
003

Office Sought: House Senate Candidates

Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

SUBTOTAL of Disbursements This Page (option 3) _____

TOTAL This Page (last page this line number only) _____

2908.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

21b 22 23 24 25
26 27 28a 28b 28c 28

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 campaign purposes, other than using the name and address of any political committee to solicit contributions from such contributors.

NAME OF COMMITTEE (in full)

Council of New Jersey Chiropractors

Full Name (Last, First, Middle Initial)

MWW Group

Date of Disbursement

10/10/2007

Mailing Address

Meadowland Plaza

Amount of Each Disbursement this Period

2101.74

City

East Rutherford NJ

Purpose of Disbursement

Lobbyist

003

Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Ramada Inn

Date of Disbursement

10/15/2007

Mailing Address

City

State Zip Code

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement

Candidate Name

002

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Friends of Senator Cardinale

Date of Disbursement

08/21/2007

Mailing Address

250 Madison Ave

City

Oradell NJ 07626

Amount of Each Disbursement this Period

3500.00

Purpose of Disbursement

Candidate Name

Senator Cardinale

011

Category/Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

2857.74

SUBTOTAL of Disbursements This Page (optional)

2507.74

TOTAL This Period (last page this line number)

5415.74

**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 3 OF 3

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

A. Full Name (Last, First, Middle Initial) **Friends of Senator Cardinale**

Mailing Address **350 Madison Ave**

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

Purpose of Disbursement **Q11** Category/Type

Candidate Name **Senator Cardinale**

Office Sought: House, Senate, President

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

State: _____ District: _____

Date of Disbursement **10/26/2001**

Amount of Each Disbursement this Period **50000**

B. Full Name (Last, First, Middle Initial) **McGreery for Governor**

Mailing Address **90 Woodbridge Ct. Dr / 9th Floor**

City **Woodbridge** State **NJ** Zip Code **07095**

Purpose of Disbursement **Q11** Category/Type

Candidate Name **Jim Mc Greery**

Office Sought: House, Senate, President

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

State: **NJ** District: _____

Date of Disbursement **08/01/2001**

Amount of Each Disbursement this Period **18000**

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) **236000**

TOTAL This Period (last page this line number only) **806574**

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 checked="" type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input checked="" 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>SL</i>		<i>2-27-02</i>
PREPARER		DATE PREPARED