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# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

**000262303 060402 P**

**DR DAVID SAINT**

**COUNCIL OF NEW JERSEY CHIROPRACTORS PAC**

**44 NEWARK POMPTON TPK #40**

**PESUANNOCK NJ 07440**

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

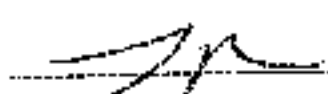
- General (30G)
- Runoff (30R)
- Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period **07/01/2002** through **06/30/2002**

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 VANSETERS DC**

Signature of Treasurer 

Date **07/13/2002**

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

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:

07 01 2002

To:

06 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) .....	11,000.00	
(ii) Unitemized .....	157,500.00	
(ii) TOTAL (add Lines 11(a)(i) and (ii)) .....	267,500.00	170,500.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....	0.00	
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	267,500.00	170,500.00
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) .....	267,500.00	170,500.00
20. Total Federal Receipts (subtract Line 16 from Line 19) .....	267,500.00	170,500.00

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:

09/01/2002

To:

07/30/2003

COLUMN A  
This Period

COLUMN B  
Calendar Year-to-Date

6. (a) Cash on Hand January 1, 2002

17387

(b) Cash on Hand at Beginning of Reporting Period

113894

(c) Total Receipts (from Line 18)

267500

770500

(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)

381394

787881

7. Total Disbursements (from Line 30)

34712

441199

8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))

346682

346682

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 nonfederal/State committee. (see FEC FORM 114)

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 Disbursements

FEC Form 3X (Revised 7/01)

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 .....	14712	37119
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	2000	2000
24. Independent Expenditures (use Schedule F) .....		
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)) .....		
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)(i) from Line 30) .....	34712	44119
<b>III. Net Contributions/Operating Expenditures</b>		
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)) .....	14712	37119
36. Offsets in 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

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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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 (Last, First, Middle Initial) John Berezny

Mailing Address 183 At 206 South

City Flanders State NJ Zip Code 07834

FEC ID number of contributing federal political committee. 0

Name of Employer Berezny Chiropractic Occupation Chiropractor

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date 5,000.00

Date of Receipt 05/06/2003

Amount of Each Receipt this Period 2,000.00

**B.** Full Name (Last, First, Middle Initial) Anthony Panzica

Mailing Address 11 South Fairview Ave

City Paramus State NJ Zip Code 07652

FEC ID number of contributing federal political committee. 0

Name of Employer Panzica Chiropractic Occupation Chiropractic

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date 6,000.00

Date of Receipt 05/06/2003

Amount of Each Receipt this Period 6,000.00

**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)

Aggregate Year-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 11,000.00

TOTAL This Period (last page this line number only) 11,000.00

**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 Chiropractors

Full Name (Last, First, Middle Initial)

Valley National Bank

Date of Disbursement

06/10/2003

Mailing Address

328 Palisade Ave

City

Doonick

State

NJ

Zip Code

07603

Amount of Each Disbursement this Period

1400

Purpose of Disbursement

Gift

Category/Type

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Tomicelli for Senate

Date of Disbursement

09/10/2003

Mailing Address

303 GEORGE ST

City

New Brunswick

State

NJ

Zip Code

08902

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement

Gift

Category/Type

Candidate Name

Tomicelli

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

06/10/2003

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Gift

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)

3471.25  
3471.25

**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

Election:  
 Primary  
 General  
 Other (specify) ▾

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 9, 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) <b>Council of NJ Chiropractors</b>	FEC IDENTIFICATION NUMBER <b>0</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. # 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)(1)(i)(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 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 the 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 6 OF 10  
FORM LINE NUMBER: (check only one)

NAME OF COMMITTEE (in Full)

Council of NJ Charapgetors

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 DEBTS 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 MS Chiropractors**

FEC IDENTIFICATION NUMBER  
**C**

Full Name (Last, First, Middle Initial) of Payee  
Mailing Address  
City State Zip Code

Purpose of Expenditure  
Category Type

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  
Mailing Address  
City State Zip Code

Purpose of Expenditure  
Category Type

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  
Mailing Address  
City State Zip Code

Purpose of Expenditure  
Category Type

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 printing or dissemination, distribution, or republication 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

**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 NJ Chiropractors**

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> 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		Amount
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		Amount
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		Amount
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 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 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 (1 Point)
2. U.S. Senate (1 Point)
3. U.S. Congress (1 Point)
4. SUBTOTAL -- Federal (ADD 1, 2, AND 3)
5. Governor (1 Point)
6. Other Statewide Office(s) (1 or 3 Points)
7. State Senate (1 Point)
8. State Representative (1 Point)
9. Local Candidates (1 or 2 Points)
10. Extra Non-Federal Point (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

Table with 12 rows for recording points for each ballot item.

FEDERAL ALLOCATION = Line 4 divided by Line 12

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

**ALLOCATION RATIOS**

PAGE    OF   

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 %
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	_____ %	_____ %
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	_____ %	_____ %
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	_____ %	_____ %
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	_____ %	_____ %
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	_____ %	_____ %
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	_____ %	_____ %

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 NJ 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-Amounts 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

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)(1) and non-Federal share to 21(a)(1)(B)		
FEDERAL SHARE		TOTAL AMOUNT
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) <b>Council of NJ Chairpersons</b>		
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>7/19/02</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>[Signature]</i>	<i>7/19/02</i>
PREPARER	DATE PREPARED