

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1. NAME OF COMMITTEE (in full) New Jersey Medical Political Action Committee (JEM-PAC)	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Two Princess Road	2. FEC IDENTIFICATION NUMBER C00039123
CITY, STATE, and ZIP CODE Lawrenceville NJ 08648	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/28/2000</u> through <u>12/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		10790.41
(b) Cash on Hand at Beginning of Reporting Period	25672.16	
(c) Total Receipts (from line 19)	1533.37	57749.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	27005.53	68540.17
7. Total Disbursements (from line 30)	1100.00	42534.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25905.53	25905.53
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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
Electronically Filed by Barbara S. Mihalik, Asst. Treasurer

Signature of Treasurer	Date 01/18/2001
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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 AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE New Jersey Medical Political Action Committee (JEM-PAC)		REPORT COVERING PERIOD FROM 11/28/2000 TO: 12/31/2000	
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)	850.00	21450.00	11.a.i.
ii. Unitemized	400.00	35905.00	11.a.ii.
iii. Total	1250.00	57355.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	1250.00	57355.00	11.d.
12. Transfers From Affiliated/Other Party Committees	50.00	200.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	33.37	194.76	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	1333.37	57749.76	19.
20. Total Federal Receipts	1333.37	57749.76	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	10734.64	21.b.
c. Total Operating Expenditures	0.00	10734.64	21.c.
22. Transfers to Affiliated/Other Party Committees	1100.00	17400.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	14500.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	1100.00	42634.64	30.
31. Total Federal Disbursements	1100.00	42634.64	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	1250.00	57355.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	1250.00	57355.00	34.
35. Total Federal Operating Expenditures	0.00	10734.64	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	10734.64	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 5
			FOR LINE NUMBER 11A1

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)
New Jersey Medical Political Action Committee (JEMPAC)

Full Name, Mailing Address, and ZIP Code Richard H. Berkowitz, MD 81 Hubbardton Road Wayne NJ 07470 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 12/13/2000	Amount of Each Receipt this Period 250.00
	Occupation physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Paul A McGee, MD 55 Newton-Sparta Rd Newton NJ 07860 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 12/13/2000	Amount of Each Receipt this Period 100.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Corey M. Nolis, MD 55 Mayflower Drive Tenafly NJ 07670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 12/13/2000	Amount of Each Receipt this Period 250.00
	Occupation physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Felix S. Shamash, MD 11 Rosele Court Lakewood NJ 08701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 12/13/2000	Amount of Each Receipt this Period 250.00
	Occupation physician		
	Aggregate Year-to-Date > \$ 250.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	850.00

SCHEDULE A		ITEMIZED RECEIPTS		4 / 5
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 12
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) New Jersey Medical Political Action Committee (JEMPAC)				
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Name of Employer Occupation	Date (month, day, year) 11/28/2000	Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 200.00			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				50.00

SCHEDULE B	ITEMIZED DISBURSEMENTS		5 / 5
		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER 22
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) New Jersey Medical Political Action Committee (JEMPAC)			
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement Joint Fund Raising Efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/08/2000	Amount of Each Disbursement This Period 700.00
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement Joint Fund Raising Efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/11/2000	Amount of Each Disbursement This Period 50.00
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement Joint Fund Raising Efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/11/2000	Amount of Each Disbursement This Period 350.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			1100.00