

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

1 / 7  
12/05/2000 10 : 14

<b>1. NAME OF COMMITTEE (in full)</b> New Jersey Medical Political Action Committee (JEM-PAC)	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported Two Princess Road	<b>2. FEC IDENTIFICATION NUMBER</b> C00039123
<b>CITY, STATE, and ZIP CODE</b> 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 \_\_\_\_\_
- Thirtieth day report following the General Election
- Termination report                      on 11/07/2000 In the State of NJ
- (b) Is this Report an Amendment       YES       NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/2000</u> through <u>11/27/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u> .....		10790.41
(b) Cash on Hand at Beginning of Reporting Period .....	20989.17	
(c) Total Receipts (from line 19) .....	8918.00	58416.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	29907.17	67206.80
7. Total Disbursements (from line 30) .....	4235.01	41534.64
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	25672.16	25672.16
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 <b>Electronically Filed by Barbara S. Mihalik, Asst. Treasurer</b>		
Signature of Treasurer		Date 12/05/2000

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 9/98)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE <b>New Jersey Medical Political Action Committee (JEM-PAC)</b>	REPORT COVERING PERIOD		
	FROM 10/19/2000	TO: 11/27/2000	
<b>I. Receipts</b>			
	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A) .....	5250.00	20600.00	11.a.i.
ii. Unitemized .....	3650.00	35505.00	11.a.ii.
iii. Total .....	8900.00	56105.00	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 .....	8900.00	56105.00	11.d.
12. Transfers From Affiliated/Other Party Committees .....	0.00	150.00	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.) .....	18.00	161.39	17.
18. Transfers From Nonfederal Account for Joint Activity .....	0.00	0.00	18.
19. Total Receipts .....	8918.00	56416.39	19.
20. Total Federal Receipts .....	8918.00	56416.39	20.
<b>II. Disbursements</b>			
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 .....	2485.01	10734.64	21.b.
c. Total Operating Expenditures .....	2485.01	10734.64	21.c.
22. Transfers to Affiliated/Other Party Committees .....	1750.00	16300.00	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 .....	4235.01	41534.64	30.
31. Total Federal Disbursements .....	4235.01	41534.64	31.
<b>III. Net Contributions / Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d) .....	8900.00	56105.00	32.
33. Total Contribution Refunds (from line 28d) .....	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32) .....	8900.00	56105.00	34.
35. Total Federal Operating Expenditures .....	2485.01	10734.64	35.
36. Offsets to Operating Expenditures (from line 15) .....	0.00	0.00	36.
37. Net Operating Expenditures .....	2485.01	10734.64	37.

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	<b>3 / 7</b>
				FOR LINE NUMBER <b>11A1</b>	
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>New Jersey Medical Political Action Committee (JEMPAC)</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Linda Gochfeld MD  133 Meadowbrook Drive  Princeton NJ 08540  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> self  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/19/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Klaus J. Schulz MD  7 Mahoras Drive  Ocean NJ 07712  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> self  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/23/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> S.J. Stanzione MD  3 Aberdeen Road  Chatham NJ 07926  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> self  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/24/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Robert E. Colfman MD  1317 So. Main Rd. SU-2C  Vineland NJ 08360  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> self  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Barry N. Grabelle MD  350 Broad Street  Eatontown NJ 07724  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> self  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Baj P Gupta MD  1671 Pennington Road  Trenton NJ 08616  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> self  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Elliot Rudnitzky MD  46 Calvert Avenue West  Edison NJ 08820  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> self  <b>Occupation</b> Physician  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 10/25/2000	<b>Amount of Each Receipt this Period</b> 250.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		4 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>New Jersey Medical Political Action Committee (JEMPAC)</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Fernando DeLasotta MD  PO Box 385  Linwood NJ 08221	Name of Employer self	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Douglas M. Hershkowitz MD  598 NewRoad  Linwood NJ 08221	Name of Employer self	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph F. Inzinna MD  276 Sunset Key  Secaucus NJ 07094	Name of Employer self	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Albert Johnson MD  1081 Route 22 West  Bridgewater NJ 08807	Name of Employer Somerset Ortho.Assoc.	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> David J. Landset DO  307 Stone Harbor Blvd.  Cape May Ct. House NJ 08230	Name of Employer South Jersey Ortho.	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Jaffer J. Khan MD  2 Heather Lane  Warren NJ 07059	Name of Employer self	Date (month, day, year) 11/14/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Samuel W. Madeira Jr. MD  601 Hamilton Avenue  Trenton NJ 08629	Name of Employer Trenton Card. Consultants	Date (month, day, year) 11/14/2000	Amount of Each Receipt this Period 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>5 / 7</b>
			<b>FOR LINE NUMBER 11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**New Jersey Medical Political Action Committee (JEMPAC)**

<b>Full Name, Mailing Address, and ZIP Code</b> James M Chimenti MD  1111 Park Ave.  Plainfield NJ 07060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 11/16/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Roger W Couteer MD  1111 Park Ave.  Plainfield NJ 07060  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 11/16/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Steven M Reich MD  4 Musket Ct.  E. Brunswick NJ 08816  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 11/16/2000	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 1000.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Joseph R Steeger MD  15 Lakespur Lane  Newtown NJ 08840  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 11/16/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		

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<b>SUBTOTALS</b> of Receipts This Page (Optional) .....	
<b>TOTALS</b> This Period (last page this line number only) .....	<b>5250.00</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>6 / 7</b>
			FOR LINE NUMBER <b>21B</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>New Jersey Medical Political Action Committee (JEMPAC)</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> Lettercomm Inc.  310 Swann Avenue  Alexandria VA 22301	<b>Purpose of Disbursement</b> Mailing Expenses  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 11/02/2000	<b>Amount of Each Disbursement This Period</b> 2485.01
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>2485.01</b>

<b>SCHEDULE B</b>	<b>ITEMIZED DISBURSEMENTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>7 / 7</b>
			FOR LINE NUMBER <b>22</b>
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.			
<b>NAME OF COMMITTEE (In Full)</b> <b>New Jersey Medical Political Action Committee (JEMPAC)</b>			
<b>Full Name, Mailing Address, and ZIP Code</b> AMPAC  1101 Vermont Avenue  Washington DC 20005	<b>Purpose of Disbursement</b> Joint Fund Raising Efforts  Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Date (month, day, year)</b> 11/03/2000	<b>Amount of Each Disbursement This Period</b> 1750.00
<b>SUBTOTALS</b> of Disbursements This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			<b>1750.00</b>