

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 checked="" 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 Primary
(election type)

July 31 Mid-Year Report (Non-election Year Only) election on 06/06/2000 In the State of NJ

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>04/01/2000</u> through <u>05/17/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		10790.41
(b) Cash on Hand at Beginning of Reporting Period	27284.71	
(c) Total Receipts (from line 19)	7114.27	24978.88
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34398.98	35769.07
7. Total Disbursements (from line 30)	13511.05	14881.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20887.92	20887.92
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 999 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 07/11/2000	

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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**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 04/01/2000 TO: 05/17/2000	
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)	3750.00	12750.00	11.a.i.
ii. Unitemized	3350.00	12170.00	11.a.ii.
iii. Total	7100.00	24920.00	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	7100.00	24920.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	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.)	14.27	58.86	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	7114.27	24978.86	19.
20. Total Federal Receipts	7114.27	24978.86	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	2161.06	2181.15	21.b.
c. Total Operating Expenditures	2161.06	2181.15	21.c.
22. Transfers to Affiliated/Other Party Committees	6350.00	6700.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	6000.00	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	13511.06	14881.15	30.
31. Total Federal Disbursements	13511.06	14881.15	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	7100.00	24920.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	7100.00	24920.00	34.
35. Total Federal Operating Expenditures	2161.06	2181.15	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	2161.06	2181.15	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 8
			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 Bruce L Miller, MD 35 Glen Lake Drive Medford NJ 08055 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer West Jersey Anesthesia As- soc.	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Robert J Biester, MD 301 White Horse Pike Haddon Heights NJ 08035 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 04/04/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code David R Herzog, MD 655 Friar Drive Yardley PA 19067 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 04/04/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Patricia Hughes, MD 140 Prospect Ave. Suite 10 Hackensack NJ 07601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 04/04/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Harry M. Woskie, MD 7 Partridge Road Flemington NJ 08822 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 04/04/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Thomas R Kay, MD 255 Hartford Road Medford NJ 08055 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 04/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Carlo Porcuro, MD 21 Overhill Rd South Orange NJ 07079 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 04/11/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 8
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Homoz Ashtyan-Asl, MD PO Box 2143 South Hackensack NJ 07606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/24/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code John P Capelli, MD 35 Kings Hwy. East Haddonfield NJ 08033 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/24/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Booth H Durham, MD 900 Rt 168 Blackwood NJ 08012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/24/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Paul A McGee, MD 55 Newton-Sparte Rd Newton NJ 07860 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/24/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Charles H Blackinton, MD 111 Dean Drive Tenafly NJ 07870 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 04/28/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Irving P Ratner, MD 105 Mews Lane Cherry Hill NJ 08003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/04/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Howard Baum, MD 221 Webster Drive Wayne NJ 07470 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/05/2000	Amount of Each Receipt this Period 250.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		5 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page		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 Steven M Orland, MD 6 Colonial Lake Drive Trenton NJ 08648	Name of Employer self	Date (month, day, year) 05/11/2000	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 > 5 250.00		
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				3750.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 8
			FOR LINE NUMBER 21B
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 Mailing Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 04/06/2000	Amount of Each Disbursement This Period 2153.66
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			2153.66

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 8
			FOR LINE NUMBER 22

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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	Date (month, day, year) 04/06/2000	Amount of Each Disbursement This Period 2550.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts	Date (month, day, year) 04/13/2000	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts	Date (month, day, year) 04/14/2000	Amount of Each Disbursement This Period 300.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts	Date (month, day, year) 04/27/2000	Amount of Each Disbursement This Period 400.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	6350.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	8 / 8
			FOR LINE NUMBER 23
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 Bob Franks for US Senate PO Box 497 New Providence NJ 07974	Purpose of Disbursement Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/12/2000	Amount of Each Disbursement This Period 2000.00
Full Name, Mailing Address, and ZIP Code Gornley for Senate 401 New Road, Suite 102 Linwood NJ 08221	Purpose of Disbursement Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 05/12/2000	Amount of Each Disbursement This Period 3000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			5000.00