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**FEC
FORM 3X**

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

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
New Jersey Medical Political Action Committee (JEMPAC)

ADDRESS (number and street) Two Princess Road
Check if different than previously reported. (ACC) Lawrenceville NJ 08648

2. FEC IDENTIFICATION NUMBER 000036129
3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report (Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	July 16 Quarterly Report (Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
	October 15 Quarterly Report (Q3)				
	January 31 Quarterly Report (YE)				
X	July 31 Mid-Year Report (Non-election Year Only) (MY)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	Transmission Report (TER)		Convention (12C)	Special (12S)	
			Election or		In the State of
		(d) 30-Day Post-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
			Election or		In the State of

5. Covering Period 01 01 2003 through 08 30 2003

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 Raymond Cantor
Signature of Treasurer *Raymond Cantor* Electronically Filed by Raymond Cantor Date 7/31/03

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
(Rev. 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: ^{M M} 0 1 ^{D D} 0 1 ^{Y Y Y Y} 2 0 0 3 To: ^{M M} 0 6 ^{D D} 3 0 ^{Y Y Y Y} 2 0 0 3

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Y Y Y Y} 2003		38263.71
(b) Cash on Hand at Beginning of Reporting Period	38263.71	
(c) Total Receipts (from Line 4)	5298.14	5298.14
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43561.85	43561.85
7. Total Disbursements (from Line 3)	5000.00	5000.00
8. Cash on hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38263.71 38561.85 <i>38561.85</i>	38263.71 38561.85 <i>38561.85</i>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multi-candidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
908 E Street, NW
Washington, DC 20483

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

N. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	900.00	900.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4100.00	4100.00
24. Independent Expenditure (see Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C. 431(2))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5000.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(F) from Line 30(a)(A) from Line 31).....	5000.00	5000.00

DETAILED SUMMARY PAGE
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4,275.00 4,275.00	4,275.00 4,275.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,275.00 4,275.00	4,275.00 4,275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER (check only one)		PAGE 8 / 15	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<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 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 (Last, First, Middle Initial) A. Benjamin Michael H MD		Date of Receipt MM / DD / YYYY 02 / 19 / 2009	
Mailing Address 220 Hamburg Turnpike		Transaction ID: SA11A1.6298	
City Wayne	State NJ	Zip Code 07470	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self Occupation Physician			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. De Simone Robert A MD		Date of Receipt MM / DD / YYYY 01 / 30 / 2009	
Mailing Address 7 Ellerhausen Drive		Transaction ID: SA11A1.6272	
City Montville	State NJ	Zip Code 07045	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed Occupation physician			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Jaser Philip MD		Date of Receipt MM / DD / YYYY 05 / 07 / 2009	
Mailing Address 295 Ayortgg Rd		Transaction ID: SA11A1.6315	
City Passaic	State NJ	Zip Code 07055	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer self-employed Occupation physician			
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1250.00
TOTAL This Period (last page this line number only)	

20080519 10:00 AM

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Kevin Chen MD		Date of Receipt M M / D D / Y Y Y Y 01 / 08 / 2003
Mailing Address Stockton Medical Building		Transaction ID: SA11A1.8264
City Pomona	State NJ	Zip Code 08240
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00

Full Name (Last, First, Middle Initial) B. Beile Mead MD		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2003
Mailing Address 44 Buckingham Drive		Transaction ID: SA11A1.8213
City Beile Mead	State NJ	Zip Code 08502
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer self-employed	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00

Full Name (Last, First, Middle Initial) C. Martin Clark		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2003
Mailing Address 518 Roelofs Rd.		Transaction ID: SA11A1.8269
City Yardley	State PA	Zip Code 18157
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed Martin Bontempo	Occupation lobbyist	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	250.00

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this form number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" 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

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

Full Name (Last, First, Middle Initial) A. Mueller Nancy L MD		Date of Receipt M M / D D / Y Y Y Y 01 / 29 / 2003
Mailing Address: 610 E Fallsides Avenue		Transaction ID: SA11A1.6270 Amount of Each Receipt this Period 250.00
City: Englewood Cliffs	State: NJ Zip Code: 07632	
FEC ID number of contributing federal political committee: C		
Name of Employer self-employed:		Occupation: physician
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) B. Renny Andrew MD		Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2003
Mailing Address: 12 E. Royal Ave		Transaction ID: SA11A1.6317 Amount of Each Receipt this Period 250.00
City: Linwood	State: NJ Zip Code: 08221	
FEC ID number of contributing federal political committee: C		
Name of Employer self-employed:		Occupation: physician
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

Full Name (Last, First, Middle Initial) C. Rohan Larry MD		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2003
Mailing Address: 6 Fairhaven Court		Transaction ID: SA11A1.6300 Amount of Each Receipt this Period 250.00
City: Cherry Hill	State: NJ Zip Code: 08003	
FEC ID number of contributing federal political committee: C		
Name of Employer self-employed:		Occupation: physician
Receipt For: Primary General Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00

750.00

SUBTOTAL of Receipts This Page (optional) ▶

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 9 / 15	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>	17	<input type="checkbox"/>	18

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

Full Name (Last, First, Middle Initial) A. Ryan William E MD		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2003
Mailing Address 143 W. Franklin Ave		Transaction ID: SA11A1.6302
City Pennington	State NJ	Zip Code 08534
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Schaffer Scott R MD		Date of Receipt M M / D D / Y Y Y Y 01 / 06 / 2003
Mailing Address 100 Carmie Blvd.		Transaction ID: SA11A1.6327
City Woodbury	State NJ	Zip Code 08043-4512
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The Ent Specialty Center	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Schlessinger Leape D MD		Date of Receipt M M / D D / Y Y Y Y 02 / 10 / 2003
Mailing Address 138 Maple Road		Transaction ID: SA11A1.6276
City Far Hills	State NJ	Zip Code 07831
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer self-employed	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

750.00

SUBTOTAL of Receipts This Page (optional) ▶

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" 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
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Any information copied from each Report and Statement 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 (Last, First, Middle Initial)

A. Weinstein Jeffrey MD

Mailing Address 11 Anthony Dr.

City Edison State NJ Zip Code 08820

FEC ID number of contributing federal political committee: C

Name of Employer self-employed Occupation physician

Receipt For: Primary General Other (specify) * Aggregate Year-to-Date 250.00

Date of Receipt

M M / D D / Y Y Y Y
05 07 2008

Transaction ID: SA11A16310

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	3900.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name (Last, First, Middle Initial) AMPAC			Date of Receipt M M / D D / Y Y Y Y 01 / 06 / 2003		
Mailing Address 1101 Vermont Avenue			Transaction ID: SA12.6512		
City	State	Zip Code	Amount of Each Receipt this Period		
Washington	DC	20005	\$100.00		
FEC ID number of contributing federal political committee: C			Transfer of Funds Joint Fundraising		
Name of Employer		Occupation	Receipt For:		
			Primary General Other (specify) ▼		
		Aggregate Year-to-Date ▼	100.00		
B. Full Name (Last, First, Middle Initial) AMPAC			Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2003		
Mailing Address 1101 Vermont Avenue			Transaction ID: SA12.6514		
City	State	Zip Code	Amount of Each Receipt this Period		
Washington	DC	20005	\$10.00		
FEC ID number of contributing federal political committee: C			Transfer of Funds Joint Fundraising		
Name of Employer		Occupation	Receipt For:		
			Primary General Other (specify) ▼		
		Aggregate Year-to-Date ▼	110.00		
C. Full Name (Last, First, Middle Initial) AMPAC			Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2003		
Mailing Address 1101 Vermont Avenue			Transaction ID: SA12.6515		
City	State	Zip Code	Amount of Each Receipt this Period		
Washington	DC	20005	\$100.00		
FEC ID number of contributing federal political committee: C			Transfer of Funds Joint Fundraising		
Name of Employer		Occupation	Receipt For:		
			Primary General Other (specify) ▼		
		Aggregate Year-to-Date ▼	210.00		
SUBTOTAL of Receipts This Page (optional)			210.00		
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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 15

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

Full Name (Last, First, Middle Initial) A. AMPAC			Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2003		
Mailing Address 1101 Vermont Avenue			Transaction ID: SA12.6516		
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			Transfer of Funds Joint Fundraising		
Name of Employer		Occupation	Receipt For: Primary General Other (specify) ▼		
		Aggregate Year-to-Date ▼ 310.00			
Full Name (Last, First, Middle Initial) B. AMPAC			Date of Receipt M M / D D / Y Y Y Y 05 / 07 / 2003		
Mailing Address 1101 Vermont Avenue			Transaction ID: SA12.6517		
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			Transfer of Funds Joint Fundraising		
Name of Employer		Occupation	Receipt For: Primary General Other (specify) ▼		
		Aggregate Year-to-Date ▼ 410.00			

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	410.00

**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 13 / 15

<input type="checkbox"/> 21b	<input checked="" 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"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a

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NAME OF COMMITTEE (In Full)

New Jersey Medical Political Action Committee (JEMPAC)

Full Name (Last, First, Middle Initial) A. AMPAC		Transaction ID: SB22.6495 Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2003
Mailing Address 1101 Vermont Avenue		Amount of Each Disbursement This Period 300.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement joint fundraising efforts	Category/ Type
Candidate Name	Office Sought: House Senate President	
Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. AMPAC		Transaction ID: SB22.6496 Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2003
Mailing Address 1101 Vermont Avenue		Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement joint fundraising efforts	Category/ Type
Candidate Name	Office Sought: House Senate President	
Disbursement For: Primary General Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. AMPAC		Transaction ID: SB22.6497 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2003
Mailing Address 1101 Vermont Avenue		Amount of Each Disbursement this Period 100.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement joint fundraising efforts	Category/ Type
Candidate Name	Office Sought: House Senate President	
Disbursement For: Primary General Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional)	900.00
TOTAL This Period (last page this line number only)	900.00

20030319 11:00 AM 1101 VERMONT AVENUE WASHINGTON DC 20005

**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 14 / 15
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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"/> 29c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	

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

A. FERGUSON FOR CONGRESS		Transaction ID: SB23.6504	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 16 Mount Bethel Road Suite 353 830 Stuyvesant Avenue #17		03 / 27 / 2003	
City Warren	State NJ	Zip Code 07059	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement candidate support		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ	District: 07		

B. MENENDEZ FOR CONGRESS		Transaction ID: SB23.6506	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address P.O. Box 848		04 / 02 / 2003	
City Union City	State NJ	Zip Code 07087	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement candidate support		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ	District: 13		

C. PASCRELL FOR CONGRESS INC.		Transaction ID: SB23.6501	
Full Name (Last, First, Middle Initial)		Date of Disbursement	
Mailing Address 17 Vernon Court		03 / 10 / 2003	
City West Paterson	State NJ	Zip Code 07424	Amount of Each Disbursement this Period 600.00
Purpose of Disbursement candidate support		Category/ Type	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ	District: 8		

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

**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 15 / 15	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	<input type="checkbox"/> 30b	

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

Full Name (Last, First, Middle Initial) A. SMITH, CHRISTOPHER H		Transaction ID: SB23.6521	
Mailing Address PO BOX 3164		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2003	
City HAMILTON	State NJ	Zip Code 08619	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement candidate support		Category/ Type	
Candidate Name SMITH, CHRISTOPHER H			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
State: NJ	District: 04		

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	4100.00

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.

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