

# JEMPAC

RECEIVED  
FEDERAL ELECTION  
COMMISSION

New Jersey Medical Political Action Committee  
62 Princess Road, Lawrenceville, NJ 08648-2302 Tel 609/896-1766 Fax 609/896-1368

DEC 4 1 54 PM '98

November 30, 1998

Federal Election Commission  
999 E. Street, N.W.  
Washington, D.C. 20463

Enclosed please find the New Jersey Medical Political Action Committee's (JEMPAC) amendment to the 30-Day Post-Election Report following the General Election on 11/3/98 in the State of New Jersey.

Sincerely yours,



Barbara S. Mihalik  
Executive Director/  
Assistant Treasurer

BSM/mlb  
Enclosure

cc: NJ Election Division

Contributions to AMPAC and State PAC are not deductible as charitable contributions for Federal income tax purposes.

If your practice is incorporated, JEMPAC and AMPAC voluntary political contributions should be made on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the Medical Society of New Jersey will form or disavow any view based on the amount of or failure to make PAC contributions. Copies of JEMPAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, DC. Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2, and 110.5 (Federal regulations require this notice).

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION

1. NAME OF COMMITTEE (in full) <b>New Jersey Medical Political Action Committee (JEMAC)</b>		2. FEC IDENTIFICATION NUMBER <b>C 00039123</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>Two Princess Road</b>		
CITY, STATE and ZIP CODE <b>Lawrenceville, NJ 08648</b>		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on 11/3/98 in the State of New Jersey
- (b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/1/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 10,250.23
(b) Cash on Hand at Beginning of Reporting Period	\$ 15,506.48	
(c) Total Receipts (from Line 18)	\$ 8,027.00	\$ 41,782.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 23,533.48	\$ 52,032.70
7. Total Disbursements (from Line 30)	\$ 13,350.00	\$ 41,849.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,183.48	\$ 10,183.48
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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>Barbara S. Mihalik</b>	
Signature of Treasurer <i>Barbara S. Mihalik</i>	Date <b>11/30/98</b>

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 <u>New Jersey Medical Political Action Committee</u>		REPORT COVERING PERIOD FROM <u>10/1/98</u> TO <u>11/23/98</u>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		3,000.00	6,250.00
i. Itemized (use Schedule A)			
ii. Unitemized		5,027.00	35,418.00
iii. Total (add i and ii) >		8,027.00	41,668.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, b and c) >		8,027.00	41,668.00
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	114.47
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		8,027.00	41,782.47
20. Total Federal Receipts (subtract line 18 from line 19) >		8,027.00	41,782.47
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		-0-	-0-
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	7,744.22
b. Other Federal Operating Expenditures		-0-	-0-
c. Total Operating Expenditures (add a i, a ii, and b) >		2,850.00	17,605.00
22. Transfers to Affiliated/Other Party Committees		10,500.00	16,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	-0-
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (add a, b and c) >		-0-	-0-
29. Other Disbursements		-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		13,350.00	41,849.22
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		13,350.00	41,849.22
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		8,027.00	41,668.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		8,027.00	41,668.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	7,744.22
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		-0-	7,744.22

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy I. Mueller, MD 34 Stony Brook Road Tenafly, NJ 07670	self-employed Occupation: physician	10/1/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William O Grady, MD 372 B. Campbell Road Wall, NJ 07719	self-employed Occupation: physician	10/1/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James R. Tyler, MD 134 Fresh Ponds Road East Brunswick, NJ 08816	self-employed Occupation: physician	10/1/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Ann LoFrumento, MD 4 Colonial Way Chatham, NJ 07928	self-employed Occupation: physician	10/7/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Felix A. Vea, MD 138 Sun Valley Road Toms River, NJ 08755	self-employed Occupation: physician	10/9/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gene Rosenberg, MD 507 Forest Avenue Teaneck, NJ 07666	self-employed Occupation: physician	10/14/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin G. Jacobs, MD 182 Great Hills Drive South Orange, NJ 07079	self-employed Occupation: physician	10/15/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... 1,750.00

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark A. Lister, MD 19 Crestview Ct. Montclair, NJ 07042	self-employed Occupation: physician	10/16/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Biester, MD 21 Daylily Drive Mount Laurel, NJ 08054	self-employed Occupation: physician	10/20/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert S. Walsky, MD 22 Angela Drive Woodcliff Lake, NJ 07675	self-employed Occupation: physician	10/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hormoz Ashtyani, MD 385 Prospect Avenue Hackensack, NJ 07601	self-employed Occupation: physician	11/2/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda De Gaeta, MD 20 Sheephill Drive Gladstone, NJ 07934	self-employed Occupation: physician	11/19/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): membership	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) ..... 1,250.00

TOTAL This Period (last page this line number only) ..... 3,000.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Avenue, N.W. 12th floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/30/98	1,700.00
AMPAC 1101 Vermont Avenue, N.W. 12th floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/23/98	650.00
AMPAC 1101 Vermont Avenue, N.W. 12th floor Washington, DC 20005	Funds raised through joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/23/98	500.00

SUBTOTAL of Disbursements This Page (optional) .....

2,850.00

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

2,850.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

New Jersey Medical Political Action Committee (JEMAPC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Reelect Rob Andrews 215 4th Avenue Haddon Heights, NJ 08035	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Franks for Congress 219 South St., Suite 203 New Providence, NJ 07974	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	1,500.00
C. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3176 540 Broadway Long Branch, NJ 07740	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	500.00
D. Full Name, Mailing Address and ZIP Code Pappas For Congress 340 North Avenue E Granford, NJ 07016	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Pascrell for Congress 63 Quarty Lane Paterson, NJ 07505	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	1,500.00
F. Full Name, Mailing Address and ZIP Code Rothman for Congress P.O. Box 714 Haskell, NJ 07602	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	2,500.00
G. Full Name, Mailing Address and ZIP Code Committee to Reelect Congresswoman Marge Roukens PO Box 625 Ridgewood, NJ 07451	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton PO Box 795 Mt. Holly, NJ 08060	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	500.00
I. Full Name, Mailing Address and ZIP Code Committee to Reelect Congressman Chris Smith 462 Main Street Crosswick, NJ 08515	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/21/98	1,000.00

**SUBTOTAL** of Disbursements This Page (optional)

10,500.00



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

10,500.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 11/30/98
<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	
	
PREPARER	DATE PREPARED