

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER

2003 AUG -6 A 12:15
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

New Jersey Medical Political Action Committee (JEMPAC)

ADDRESS (number and street)

Two Princess Road

(Check if address is changed)

Lawrenceville

NJ

08648

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

mshen@msnj.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

6098964368

2. DATE 07 / 31 / 2003

3. FEC IDENTIFICATION NUMBER C C00039123

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement 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

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1115

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

New Jersey Medical Society _____

Mailing Address

21 Princeton Rd
Lawrenceville

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

7. Custodian of Records: Identify by name, address, (phone number - optional), and position of the person in possession of Committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Raymond Cantor

Mailing Address

2 Princess Road

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

609

896

1766

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

PHOTO COPY OF ORIGINAL

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.
 Name of Bank, Depository, etc.


Mailing Address		
CITY ▲	STATE ▲	ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

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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