

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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 C00039123 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(Q1) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12G) Election on in the State of (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 01 01 2006 through 03 31 2006

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 Electronically Filed by Raymond Cantor Date 04 17 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 20762.01 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 20762.01                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 1161.66                 | 1161.66                           |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 21923.67                | 21923.67                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 2116.20                 | 2116.20                           |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 19807.47                | 19807.47                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 3 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 0.00                          | 0.00                              |
| (i) Itemized (use Schedule A) .....  | 300.00                        | 300.00                            |
| (ii) Unitemized .....  | 300.00                        | 300.00                            |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 300.00                        | 300.00                            |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 0.00                              |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....    | 300.00                        | 300.00                            |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 824.04                        | 824.04                            |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 37.62                         | 37.62                             |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 1161.66                       | 1161.66                           |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 1161.66                       | 1161.66                           |

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 21. Operating Expenditures:   |                                       |   |
| (a) Shared Federal/Non-Federal<br>Activity (from Schedule H4)   |                                       |   |
| (i) Federal Share.....  | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....   | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating<br>Expenditures.....  | 0.00                                  | 0.00                                      |
| (c) Total Operating Expenditures<br>(add 21(a)(i), (a)(ii) and (b)).....                              | 0.00                                  | 0.00                                      |
| 22. Transfers to Affiliated/Other Party<br>Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to<br>Federal Candidates/Committees.....<br>and Other Political Committees.....     | 1228.28                               | 1228.28                                   |
| 24. Independent Expenditure<br>(use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party<br>Committees (2 U.S.C. 441a(d))<br>(use 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<br>Than Political Committees .....                                      | 0.00                                  | 0.00                                      |
| (b) Political Party Committees  | 0.00                                  | 0.00                                      |
| (c) Other Political Committees<br>(such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds<br>(add Lines 28(a), (b), and (c)) .....                               | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....  | 887.92                                | 887.92                                    |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                                       |   |
| (a) Shared Federal Election Activity<br>(from Schedule H6)  |                                       |   |
| (i) Federal Share .....   | 0.00                                  | 0.00                                      |
| (ii) "Levin" Share .....  | 0.00                                  | 0.00                                      |
| (b) Federal Election Activity Paid Entirely<br>With Federal Funds .....                               | 0.00                                  | 0.00                                      |
| (c) Total Federal Election Activity (add<br>Lines 30(a)(i), 30(a)(ii) and 30(b))....                  | 0.00                                  | 0.00                                      |
| 31. Total Disbursements (add Lines 21(c), 22,<br>23, 24, 25, 26, 27, 28(d), 29 and 30(c))..           | 2116.20                               | 2116.20                                   |
| 32. Total Federal Disbursements<br>(subtract Line 21(a)(ii) from Line 30(a)(ii)<br>from Line 31)..... | 2116.20                               | 2116.20                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 300.00                        | 300.00                            |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 300.00                        | 300.00                            |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 824.04                        | 824.04                            |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | -824.04                       | -824.04                           |

# 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 6 / 9 |
|  | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12                                     |            |
|  | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 <input type="checkbox"/> 16 <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)<br>New Jersey Medical Political Action Committee (JEMPAC) |
|---|

|   |   |
|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. AMPAC</b>  |   |
| Mailing Address 1101 Vermont Avenue   |   |
| City<br><b>Washington</b>   | State<br><b>DC</b>                        |
| Zip Code<br><b>20005</b>  |   |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |   |
| Name of Employer  | Occupation                                |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br><b>824.04</b> |

|   |
|---|
| Date of Receipt<br>M M / D D / Y Y Y Y<br><b>03 / 22 / 2006</b> |
| Transaction ID: SA15.6767                                       |
| Amount of Each Receipt this Period<br><b>824.04</b>             |
| reimbursement for PAC seminar expenses                          |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>824.04</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>824.04</b> |

# 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 7 / 9

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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"/> 28c | <input type="checkbox"/> 29 | <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)<br><b>A. Medical Action Committee</b>  |  | <b>Transaction ID: SB23.6778</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 2 / 2 0 0 6 |
| Mailing Address Two Princess Road  |  | Amount of Each Disbursement this Period<br>478.28  |
| City Lawrenceville   | State NJ Zip Code 08648  |  |
| Purpose of Disbursement reimbursement for travel   |  | 002<br>Category/Type   |
| Candidate Name   |  |  |
| Office Sought: <input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: District:   |  |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Frank Pallone</b>  |  | <b>Transaction ID: SB23.6764</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 3 / 2 2 / 2 0 0 6 |
| Mailing Address 495 Broadway  |  | Amount of Each Disbursement this Period<br>750.00  |
| City Long Branch  | State NJ Zip Code 07740  |  |
| Purpose of Disbursement contribution  |  | 011<br>Category/Type   |
| Candidate Name PALLONE FOR CONGRESS   |  |  |
| Office Sought: <input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2006<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: NJ District: 4   |  |  |

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

1228.28

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

1228.28

**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 8 / 9

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input 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 checked="" type="checkbox"/> 29 | <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)<br><b>A. Christopher Minas</b>   |  | <b>Transaction ID: SB29.6768</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 2 5 / 2 0 0 6 |
| Mailing Address 209 Schooner Circle  |  | Amount of Each Disbursement this Period<br>878.92  |
| City Neptune State NJ Zip Code 07753   | Purpose of Disbursement<br>reimbursement for PAC seminar expenses<br>Candidate Name  |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PNC Bank</b>  |  | <b>Transaction ID: SB29.6780</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 1 / 3 1 / 2 0 0 6 |
| Mailing Address P.O. Box 609   |  | Amount of Each Disbursement this Period<br>3.00  |
| City Pittsburgh State PA Zip Code 15230-9738   | Purpose of Disbursement<br>Bank Fees<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. PNC Bank</b>  |  | <b>Transaction ID: SB29.6781</b><br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 2 / 2 8 / 2 0 0 6 |
| Mailing Address P.O. Box 609   |  | Amount of Each Disbursement this Period<br>3.00  |
| City Pittsburgh State PA Zip Code 15230-9738   | Purpose of Disbursement<br>bank fees<br>Candidate Name   |  |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/<br>Type  |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 884.92      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |



# 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 9 / 9

|                              |                              |                              |                              |  |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input 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 checked="" type="checkbox"/> 29 | <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)<br><b>A. PNC Bank</b>  |   | Transaction ID: SB29.6782   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Mailing Address P.O. Box 609   |   | Date of Disbursement  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| City Pittsburgh State PA Zip Code 15230-9738   |   | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> |   | M    | M | / | D | D | / | Y | Y | Y | Y | 0 | 3 |  | 3 | 1 |  | 2 | 0 | 0 | 6 |
| M  | M | /   | D | D    | / | Y | Y | Y | Y |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 0  | 3 |   | 3 | 1    |   | 2 | 0 | 0 | 6 |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Purpose of Disbursement<br>bank fees   |   | Amount of Each Disbursement this Period   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Candidate Name   |   | <table border="1"> <tr> <td colspan="10" style="text-align: right;">3.00</td> </tr> </table>  |   | 3.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| 3.00   |   |   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President |   | Category/Type   |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |
| State: District:   |   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼  |   |      |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3.00</b>   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>887.92</b> |