

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 8
07/23/1999 11 : 44

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
- July 31 Mid-Year Report (Non-election Year Only)
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ In the State of _____
- Termination report
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/1999</u> through <u>06/30/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		11484.86
(b) Cash on Hand at Beginning of Reporting Period	11484.86	
(c) Total Receipts (from line 19)	8642.17	8642.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20106.83	20106.83
7. Total Disbursements (from line 30)	5431.99	5431.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14674.84	14674.84
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 989 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 07/22/1999	

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
(revised 9/98)

**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 01/01/1999 TO: 06/30/1999	
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)	4500.00	4500.00
ii. Unitemized	4073.00	4073.00
iii. Total	8573.00	8573.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions	8573.00	8573.00
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.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	69.17	69.17
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts	8642.17	8642.17
20. Total Federal Receipts	8642.17	8642.17
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	431.99	431.99
c. Total Operating Expenditures	431.99	431.99
22. Transfers to Affiliated/Other Party Committees	1500.00	1500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	3500.00	3500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. 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 Contributions Refunds	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements	5431.99	5431.99
31. Total Federal Disbursements	5431.99	5431.99
III. Net Contributions / Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	8573.00	8573.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	8573.00	8573.00
35. Total Federal Operating Expenditures	431.99	431.99
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	431.99	431.99

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 Jeffrey J. Sorokin, MD 1813 E. Fireside Ct. Cherry Hill NJ 08003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Gastroenterology Associates Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 01/04/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Howard B. 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 NJ Physicians Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/04/1995	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Philip Jasper, MD 423 Passaic Avenue Passaic NJ 07055 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 05/04/1998	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Donald Holtzman, MD 185 Nottingham Way Hillside NJ 07205 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Elizabeth Orthopedic Group Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/10/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Irving 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 Rancocas Orthopedics Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/15/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code James La Bagnara, MD 311 Lexington Avenue Paterson NJ 07023 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self-employed Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/17/1999	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code R. Gregory Sachs, MD 92 Mountain Avenue Summit NJ 07901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Summit Medical Group Occupation physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 06/17/1998	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	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 David L. Taylor, MD 4 Bliss Road Mendham NJ 07845	Name of Employer 	Date (month, day, year) 06/17/1998	Amount of Each Receipt this Period 250.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Michael J. Bernik, MD 711 Westminster Avenue Elizabeth NJ 07206	Name of Employer self-employed	Date (month, day, year) 06/22/1999	Amount of Each Receipt this Period 250.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Charles Blackinton, MD 347 Parkside Road Harrington Park NJ 07640	Name of Employer self-employed	Date (month, day, year) 06/22/1998	Amount of Each Receipt this Period 250.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Edward Blademan, MD 1950 Highway 27 Suite HH North Brunswick NJ 08902	Name of Employer self-employed	Date (month, day, year) 06/22/1999	Amount of Each Receipt this Period 250.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Fernando Delasotta, MD P.O. Box 385 Linwood NJ 08221	Name of Employer self-employed	Date (month, day, year) 06/22/1999	Amount of Each Receipt this Period 250.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Louis Fares, II, MD 6 Oxford Court Lawrenceville NJ 08846	Name of Employer Fares Surgical Associates	Date (month, day, year) 06/22/1999	Amount of Each Receipt this Period 250.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mark S. Pascal, MD 20 Prospect Street Suite 400 Hackensack NJ 07601	Name of Employer Memorial Oncology Associates	Date (month, day, year) 06/22/1998	Amount of Each Receipt this Period 250.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	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	5 / 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 James Rommer, MD 348 Northfield Road Llmgston NJ 07038 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self-employed	Date (month, day, year) 06/22/1998	Amount of Each Receipt this Period 250.00
	Occupation physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Vincent A. Penela, MD 420 Grand Avenue Englewood NJ 07831 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self-employed	Date (month, day, year) 06/24/1999	Amount of Each Receipt this Period 250.00
	Occupation physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Philip Horowitz, MD 24 Pontiac Drive Medford NJ 08055 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer South Jersey Eye Physicians	Date (month, day, year) 06/25/1998	Amount of Each Receipt this Period 250.00
	Occupation physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Francis J. Kelly, MD 147 Route 37 West Toms River NJ 08755 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self-employed	Date (month, day, year) 06/29/1999	Amount of Each Receipt this Period 250.00
	Occupation physician		
	Aggregate Year-to-Date > \$ 250.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	4500.00

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 Harry Carnes, MD 272 West Atlantic Avenue Audubon NJ 08106	Purpose of Disbursement Legislative Dinner/Discussion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 03/09/1998	Amount of Each Disbursement This Period 400.26
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			400.26

SCHEDULE B	ITEMIZED DISBURSEMENTS		8 / 8
		Use separate schedule(s) for each category of the Detailed Summary Page	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 Toricelli for US Senate 1300 Connecticut Avenue N.W. Suite 600 Washington DC 20036	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) 03/03/1998	Amount of Each Disbursement This Period 2000.00
Full Name, Mailing Address, and ZIP Code Steve Rothman for Congress P.O. Box 714 Hackensack NJ 07802	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) 05/12/1998	Amount of Each Disbursement This Period 500.00
Full Name, Mailing Address, and ZIP Code Rush Holt for Congress P.O. Box 782 Pennington NJ 08534	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) 06/23/1998	Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			3500.00