

**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) Tyro Princess Road  
 Check if different than previously reported. (ACC) Lawrenceville NJ 08848

2. **FEC IDENTIFICATION NUMBER** C00039123  
 3. **IS THIS REPORT** X **NEW (N)** OR **AMENDED (A)**  
 CITY STATE ZIP CODE

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
X July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post-Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 04 01 2002 through 06 30 2002

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 Barbara S. Mihalik, Asst. Treasurer  
 Signature of Treasurer Electronically Filed by Barbara S. Mihalik, Asst. Treasurer Date 07 11 2002

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**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: <sup>Month</sup> 04 <sup>Day</sup> 01 <sup>Year</sup> 2002 To: <sup>Month</sup> 06 <sup>Day</sup> 30 <sup>Year</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2002		18595.36
(b) Cash on Hand at Beginning of Reporting Period .....	38780.90	
(c) Total Receipts (from Line 19) .....	27727.15	48194.92
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	66508.05	66780.28
7. Total Disbursements (from Line 30) .....	10933.50	11205.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	55574.55	55574.55
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 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**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: <sup>MM</sup>04 <sup>DD</sup>01 <sup>YYYY</sup>2002 To: <sup>MM</sup>06 <sup>DD</sup>30 <sup>YYYY</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	20250.00	
(ii) Unitemized .....	7465.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	27715.00	48165.00
(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 32, page 4) .....	27715.00	48165.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	5.00
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 36, page 4) .....	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.) .....	12.15	24.92
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	27727.15	48194.92
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	27727.15	48194.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	533.50	555.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	533.50	555.73
22. Transfers to Affiliated/Other Party Committees.....	7900.00	8150.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (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 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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	10933.50	11205.73
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	10933.50	11205.73
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	27715.00	48165.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	27715.00	48165.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	533.50	555.73
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	533.50	555.73

**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 5 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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. Agnello Joseph S Jr MD**

Mailing Address  
3B Rotterdam North

City State Zip Code  
Holland PA 18866

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Trenton Anesthesia Associates Physician

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

Transaction ID: SA11A1.5737

Full Name (Last, First, Middle Initial)  
**B. Ahlborn Thomas N MD**

Mailing Address  
385 South Maple Avenue

City State Zip Code  
Ridgewood NJ 07450

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.5850

Full Name (Last, First, Middle Initial)  
**C. Bekin, Aki, R., MD**

Mailing Address  
316 Knickerbocker Road

City State Zip Code  
Dumont NJ 07026

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 17 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5785

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)

PAGE 6 / 33

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)  
Benstein Michael H MD

Mailing Address  
220 Hamburg Turnpike

City State Zip Code  
Wayne NJ 07470

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5829

**B.** Full Name (Last, First, Middle Initial)  
Beula Bernard J MD

Mailing Address  
6 Amira Lane

City State Zip Code  
Kinnelon NJ 07405

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 21 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5873

**C.** Full Name (Last, First, Middle Initial)  
Blons Mary MD

Mailing Address  
516 Knickerbocker Road

City State Zip Code  
Cresskill NJ 07826

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5846

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 7 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Bachner, Ronnie, Z. MD**

Mailing Address  
3270 Rt.27

City State Zip Code  
Kendall Park NJ 08824

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 15 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5781

Full Name (Last, First, Middle Initial)  
**B. Bortempo, Paul N**

Mailing Address  
51 Mt Kemble Ave #303

City State Zip Code  
Morristown NJ 07960

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Martin-Bortempo Occupation  
Lobbyist

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

Transaction ID: SA11A1.5782

Full Name (Last, First, Middle Initial)  
**C. Bonus Steve W MD**

Mailing Address  
15 Sunset Road

City State Zip Code  
Lawrenceville NJ 08846-2711

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Lawrence Medical Associates Occupation  
Physician

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

Transaction ID: SA11A1.5725

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 8 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Bulek David D MD

Mailing Address  
768 Kimball Avenue

City State Zip Code  
Westfield NJ 07090

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5890

**B.** Full Name (Last, First, Middle Initial)  
Capelli John P MD

Mailing Address  
35 Kings Hwy East

City State Zip Code  
Haddonfield NJ 08033

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 01 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Lourdes Health System Occupation  
Physician

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

Transaction ID: SA11A1.5745

**C.** Full Name (Last, First, Middle Initial)  
Games Harry M MD

Mailing Address  
272 West Atlantic Ave

City State Zip Code  
Audubon NJ 08106

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5807

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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PAGE 9 / 33

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)

Full Name (Last, First, Middle Initial)  
**A. Charen Jeffrey HMD**

Mailing Address  
19 Lorian Road

City State Zip Code  
Warren NJ 07059-5444

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopedic Associates Physician

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

Transaction ID: SA11A1.5733

Full Name (Last, First, Middle Initial)  
**B. Charnack William J. MD**

Mailing Address  
28 Franklin Place

City State Zip Code  
Morristown NJ 07960-5305

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5703

Full Name (Last, First, Middle Initial)  
**C. Clamer Stephen MD**

Mailing Address  
42 Avon Drive

City State Zip Code  
Essex Fells NJ 07021-1712

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5713

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

**A.** Full Name (Last, First, Middle Initial)  
Ca Antonio MD

Mailing Address  
5 Rio Vista Drive

City State Zip Code  
Edison NJ 08820

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
James Street Anesthesia Associates Physician

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

Transaction ID: SA11A1.5876

**B.** Full Name (Last, First, Middle Initial)  
Castano Patricia A

Mailing Address  
6 Registry Drive

City State Zip Code  
Lawrenceville NJ 08646

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Board Chair The MillX Group

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

Transaction ID: SA11A1.5811

**C.** Full Name (Last, First, Middle Initial)  
D'Agostini Robert J Jr MD

Mailing Address  
2345 Lamington Road Suite 110

City State Zip Code  
Bedminster NJ 07921

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5863

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)				PAGE 11 / 33
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. Daniels Ann Hughes MD**

Mailing Address  
94 South Arlene Drive

City State Zip Code  
West Long Branch NJ 07764-1153

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Freehold Radiology Group Physician

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

Transaction ID: SA11A1.5709

Full Name (Last, First, Middle Initial)  
**B. DaySpring Thomas MD**

Mailing Address  
623 Lincoln Avenue

City State Zip Code  
Pompton Lakes NJ 07442

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5870

Full Name (Last, First, Middle Initial)  
**C. DeCastro Letcia V MD**

Mailing Address  
175 Linda Lane

City State Zip Code  
Edison NJ 08820

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5813

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 12 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. DeSoto, Fernando MD**

Mailing Address  
PO Box 385 59B New Road

City State Zip Code  
Linnwood NJ 08221

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Occupation  
Physician

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

Transaction ID: SA11A1.5840

Full Name (Last, First, Middle Initial)  
**B. Danner, Michael J MD**

Mailing Address  
121 Talley Ho Drive

City State Zip Code  
Chadds Ford PA 19317

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5773

Full Name (Last, First, Middle Initial)  
**C. Drilling, Gary J MD**

Mailing Address  
1777 Hamburg Tpk Suite 305

City State Zip Code  
Wayne NJ 07470-5243

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5887

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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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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)

Full Name (Last, First, Middle Initial)

A. Emery Robert C MD

Mailing Address

2D1 Rosehill Avenue

City

State

Zip Code

Phillipsburg

NJ

08865

Date of Receipt

N M / D E / Y Y Y Y  
06 / 17 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Premier Heart Spec

Occupation  
Physician

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5941

Full Name (Last, First, Middle Initial)

B. Gelli John E MD

Mailing Address

408 Kings Highway South

City

State

Zip Code

Cherry Hill

NJ

08034

Date of Receipt

N M / D E / Y Y Y Y  
06 / 20 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer

Occupation  
Physician

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5965

Full Name (Last, First, Middle Initial)

C. Gold David A MD

Mailing Address

2035 Hamburg Turnpike Suite D

City

State

Zip Code

Wayne

NJ

07470

Date of Receipt

N M / D E / Y Y Y Y  
06 / 20 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Orthopedic Surgery & Sports MedC-  
tr

Occupation  
Physician

Receipt For:

Primary General  
Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5969

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 14 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Gupta Rajendra P MD**

Mailing Address  
7 Chelsea Court

City State Zip Code  
Princeton NJ 08540

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hopewell Valley Medical Group Physician

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

Transaction ID: SA11A1.5827

Full Name (Last, First, Middle Initial)  
**B. Hansen Gerard F MD**

Mailing Address  
20 Prospect Avenue Suite 705

City State Zip Code  
Hackensack NJ 07601-1963

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 13 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5729

Full Name (Last, First, Middle Initial)  
**C. Herrer William V MD**

Mailing Address  
129 The Mews

City State Zip Code  
Haddonfield NJ 08035

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5766

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s)  
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(check only one)

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

**A. Hess Mark MD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 46 Maple St \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Bloomfield NJ 07003 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 06 / 04 / 2002 \_\_\_\_\_

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Neurological Assoc of East Bergen Physician \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 250.00

Amount of Each Receipt this Period \_\_\_\_\_

Transaction ID: SA11A1.5878

**B. Heffern Kathleen MD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 6B Johnson Dr \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Chatham NJ 07928-1168 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 05 / 31 / 2002 \_\_\_\_\_

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Summit Medical Group Physician \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 250.00

Amount of Each Receipt this Period \_\_\_\_\_

Transaction ID: SA11A1.5889

**C. Hsieh Paul J MD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 720 US Hwy 202-208 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Bridgewater NJ 08807 \_\_\_\_\_

Date of Receipt \_\_\_\_\_  
 N M / D E / Y Y Y Y  
 04 / 24 / 2002 \_\_\_\_\_

FEC ID number of contributing federal political committee. \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Blospart Physician \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼ \_\_\_\_\_  
 Primary General  
 Other (specify) ▼ \_\_\_\_\_ 250.00

Amount of Each Receipt this Period \_\_\_\_\_

Transaction ID: SA11A1.5797

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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

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(check only one)

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

**A.** Full Name (Last, First, Middle Initial)  
Jacobs Ivan H. MD  
Date of Receipt  
Mailing Address  
1080 Saddlebrook Rd  
City State Zip Code  
Mountainside NJ 07092  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 1000.00  
Name of Employer Occupation  
The Eye Care & Surgery Center Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1250.00  
Transaction ID: SA11A1.5967

**B.** Full Name (Last, First, Middle Initial)  
Jongco Bienvenido R.MD  
Date of Receipt  
Mailing Address  
344 Forest Road  
City State Zip Code  
South Orange NJ 07079  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00  
Name of Employer Occupation  
Pediatrics Surgical Group Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Transaction ID: SA11A1.5923

**C.** Full Name (Last, First, Middle Initial)  
Kahn Walter J. MD  
Date of Receipt  
Mailing Address  
16 Tuxedo Road  
City State Zip Code  
Rumson NJ 07760  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00  
Name of Employer Occupation  
self Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Transaction ID: SA11A1.5768

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1500.00**  
**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)		PAGE 17 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Kaye Gary L MD**

Mailing Address  
22 Bates Way

City State Zip Code  
Westfield NJ 07090-3411

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5727

Full Name (Last, First, Middle Initial)  
**B. Klein Patricia, G, MD**

Mailing Address  
1D Fairview Ave.

City State Zip Code  
Westwood NJ 07675

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 15 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5779

Full Name (Last, First, Middle Initial)  
**C. Kraushar Marvin F MD**

Mailing Address  
98 Heller Pwy

City State Zip Code  
Newark NJ 07104

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5839

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 18 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Landset David J. MD**

Mailing Address  
4 Berwyn Drive

City State Zip Code  
Ocean View NJ 08230

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5945

Full Name (Last, First, Middle Initial)  
**B. Lawson Charles MD**

Mailing Address  
59 Park Avenue

City State Zip Code  
Verona NJ 07044

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Anesthesia Associates of Morristown Physician

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

Transaction ID: SA11A1.5925

Full Name (Last, First, Middle Initial)  
**C. Lewis David G MD**

Mailing Address  
1100 Wescott Drive suite 306

City State Zip Code  
Flemington NJ 08822

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5868

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 19 / 33	
	<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. Lafus Thomas A MD**

Mailing Address  
5D Lacey Road Apt A133

City State Zip Code  
Whiting NJ 08759

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 1 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5775

Full Name (Last, First, Middle Initial)  
**B. Melamut Jay M MD**

Mailing Address  
37 Leith Hill

City State Zip Code  
Cherry Hill NJ 08003

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Allied Gasmain Assoc Physician

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

Transaction ID: SA11A1.5772

Full Name (Last, First, Middle Initial)  
**C. Mann William J MD**

Mailing Address  
1945 State Hwy 33

City State Zip Code  
Neptune NJ 07753

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 3 / 2 0 0 2

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Jersey Shore Memorial Center

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

Transaction ID: SA11A1.5755

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 20 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Marotta Charles J MD**

Mailing Address  
95 Madison Ave Ste 411

City State Zip Code  
Morristown NJ 07960-7336

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Advanced Cardiology Physician

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

Transaction ID: SA11A1.5735

Full Name (Last, First, Middle Initial)  
**B. Martin Clark W**

Mailing Address  
818 Roelofs Road

City State Zip Code  
Yardley PA 19067

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Martin-Bortempo Lobbyist

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

Transaction ID: SA11A1.5877

Full Name (Last, First, Middle Initial)  
**C. Mc Gee Hugh E Jr MD**

Mailing Address  
25 E Spring Valley Avenue

City State Zip Code  
Maywood NJ 07807

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 13 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.5829

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
New Jersey Medical Political Action Committee (JEMPAC)

Full Name (Last, First, Middle Initial)  
**A. Miller Michel A MD**

Mailing Address  
1201 Hudson Street Apt 10D5S

City State Zip Code  
Hoboken NJ 07030-7406

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Hackensack Radiology Group Physician

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

Transaction ID: SA11A1.5723

Full Name (Last, First, Middle Initial)  
**B. Miller Jerome A MD**

Mailing Address  
480 Cherry Lane

City State Zip Code  
Mendham NJ 07945

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5759

Full Name (Last, First, Middle Initial)  
**C. Morea G Tom MD**

Mailing Address  
55 E Route 70

City State Zip Code  
Marlton NJ 08053

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
South Jersey Imaging Physician

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

Transaction ID: SA11A1.5896

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

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

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

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Detailed Summary Page

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(check only one)

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11a  11b  11c  12  
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NAME OF COMMITTEE (In Full)  
New Jersey Medical Political Action Committee (JEMPAC)

**A.** Full Name (Last, First, Middle Initial)  
Orland Steven M MD

Mailing Address  
6 Colonial Lake Drive

City State Zip Code  
Lawrenceville NJ 08648

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 25 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5805

**B.** Full Name (Last, First, Middle Initial)  
Parola Vincent MD

Mailing Address  
205 McKenna Drive

City State Zip Code  
Norwood NJ 07648-1833

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5893

**C.** Full Name (Last, First, Middle Initial)  
Petrucci Louis J MD

Mailing Address  
34 Forest Hills Way

City State Zip Code  
Cedar Grove NJ 07009

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 17 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5843

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 23 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Ragi Gangaram MD**

Mailing Address  
222 Cedar Lane Ste 303

City State Zip Code  
Teaneck NJ 07666

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.5900

Full Name (Last, First, Middle Initial)  
**B. Rao Nirajan MD**

Mailing Address  
190 Butler Road

City State Zip Code  
Franklin Park NJ 08823

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.5934

Full Name (Last, First, Middle Initial)  
**C. Ralcher Oscar A MD**

Mailing Address  
2035 Hamburg Turnpike Suite D

City State Zip Code  
Wayne NJ 07470

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 20 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Orthopedic Surgery & Sports Med-  
ic-  
Physician

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

Transaction ID: SA11A1.5971

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 24 / 33

(check only one)

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)

Full Name (Last, First, Middle Initial)  
**A. Rosenberg Elliot MD**

Mailing Address  
408 Bradshaw Avenue

City State Zip Code  
Haddonfield NJ 08033

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Associated Cardiovascular Consultants

Occupation  
Physician

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

Transaction ID: SA11A1.5885

Full Name (Last, First, Middle Initial)  
**B. Swears Bernard J MD**

Mailing Address  
380 Maple Hill Drive

City State Zip Code  
Hackensack NJ 07601

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 06 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer  
self

Occupation  
Physician

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00

Transaction ID: SA11A1.5817

Full Name (Last, First, Middle Initial)  
**C. Sachs R Gregory MD**

Mailing Address  
92 Mountain Avenue

City State Zip Code  
Summit NJ 07901

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 30 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer  
Summit Medical Group

Occupation  
Physician

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

Transaction ID: SA11A1.5843

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**

**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)		PAGE 25 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Sadler Daniel L MD**

Mailing Address  
467 Whiton Road

City State Zip Code  
Neshanic Station NJ 08853-4211

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
Central Jersey Colon & Rectal Surgeons Physician

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

Transaction ID: SA11A1.5701

Full Name (Last, First, Middle Initial)  
**B. Salz Alan G MD**

Mailing Address  
8 Ryan Way

City State Zip Code  
Bridgewater NJ 08807

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 03 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
Eye Specialist Physician

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

Transaction ID: SA11A1.5873

Full Name (Last, First, Middle Initial)  
**C. Scheebler David L MD**

Mailing Address  
1415 Hampton Road

City State Zip Code  
Yardley PA 19067

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 14 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.5731

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 26 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Schlachter Steven A MD**

Mailing Address  
1420 Sequoia Circle

City State Zip Code  
Toms River NJ 08753

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5927

Full Name (Last, First, Middle Initial)  
**B. Sifers Norman P MD**

Mailing Address  
1833 Country Club Drive

City State Zip Code  
Cherry Hill NJ 08003

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5777

Full Name (Last, First, Middle Initial)  
**C. Singh Sunil K MD**

Mailing Address  
15 Sea Garden Drive

City State Zip Code  
Linwood NJ 08221

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 10 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.5914

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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 27 / 33

(check only one)

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)

Full Name (Last, First, Middle Initial)  
**A. Smith J. Michael MD**

Mailing Address  
3131 Princeton Pike Bldg 5 Su109

City State Zip Code  
Lawrenceville NJ 08648

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5865

Full Name (Last, First, Middle Initial)  
**B. Guhl Michael MD**

Mailing Address  
450 Springfield Avenue

City State Zip Code  
Summit NJ 07901-2611

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 24 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Michael Guhl, MD, PA Occupation  
Physician

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

Transaction ID: SA11A1.5739

Full Name (Last, First, Middle Initial)  
**C. Gutan Ronald MD**

Mailing Address  
11 Swayze Street

City State Zip Code  
West Orange NJ 07052

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.5882

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)

PAGE 28 / 33

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. Samed Stanley MD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
Mailing Address \_\_\_\_\_ N M / D E / Y Y Y Y  
49 Oak Hill Dr \_\_\_\_\_ 05 30 2002  
City State Zip Code \_\_\_\_\_  
Wayne NJ 07470-5548 \_\_\_\_\_  
Amount of Each Receipt this Period \_\_\_\_\_  
FEC ID number of contributing federal political committee. \_\_\_\_\_ 250.00

Name of Employer self \_\_\_\_\_ Occupation \_\_\_\_\_  
Physician \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼  
Primary General \_\_\_\_\_  
Other (specify) ▼ \_\_\_\_\_ 250.00

Transaction ID: SA11A1.5685

**B. The Samuel MD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
Mailing Address \_\_\_\_\_ N M / D E / Y Y Y Y  
130 Orient Way \_\_\_\_\_ 06 26 2002  
City State Zip Code \_\_\_\_\_  
Rutherford NJ 07070-2145 \_\_\_\_\_  
Amount of Each Receipt this Period \_\_\_\_\_  
FEC ID number of contributing federal political committee. \_\_\_\_\_ 250.00

Name of Employer self \_\_\_\_\_ Occupation \_\_\_\_\_  
Physician \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼  
Primary General \_\_\_\_\_  
Other (specify) ▼ \_\_\_\_\_ 250.00

Transaction ID: SA11A1.5743

**C. Teal Jung T MD**

Full Name (Last, First, Middle Initial) \_\_\_\_\_ Date of Receipt \_\_\_\_\_  
Mailing Address \_\_\_\_\_ N M / D E / Y Y Y Y  
60 Elmora Avenue \_\_\_\_\_ 05 30 2002  
City State Zip Code \_\_\_\_\_  
Elizabeth NJ 07202-1830 \_\_\_\_\_  
Amount of Each Receipt this Period \_\_\_\_\_  
FEC ID number of contributing federal political committee. \_\_\_\_\_ 250.00

Name of Employer self \_\_\_\_\_ Occupation \_\_\_\_\_  
Physician \_\_\_\_\_

Receipt For: \_\_\_\_\_ Aggregate Year-to-Date ▼  
Primary General \_\_\_\_\_  
Other (specify) ▼ \_\_\_\_\_ 250.00

Transaction ID: SA11A1.5687

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 29 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Wakamori Takashi MD**

Mailing Address  
1600 Parker Avenue Apt 17A

City State Zip Code  
Fort Lee NJ 07024-7006

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5721

Full Name (Last, First, Middle Initial)  
**B. Wamer Errol MD**

Mailing Address  
115 North Ave

City State Zip Code  
Fanwood NJ 07023

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.5770

Full Name (Last, First, Middle Initial)  
**C. Wainstein Alan S MD**

Mailing Address  
105 W Walnut Avenue

City State Zip Code  
Moorestown NJ 08057

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 31 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Hematology Oncology Assoc Occupation  
Physician

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

Transaction ID: SA11A1.5857

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **750.00**

**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)		PAGE 30 / 33	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Zimmerman Carol E MD**

Mailing Address  
3B Woodcrest Drive

City State Zip Code  
Morristown NJ 07960

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 05 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Occupation  
Physician

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

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.5894

Full Name (Last, First, Middle Initial)  
**B. Ziegler Barry M MD**

Mailing Address  
122 Walnut Dr

City State Zip Code  
Tenafly NJ 07670

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 04 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Amount of Each Receipt this Period  
250.00

Transaction ID: SA11A1.5890

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>20250.00</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 31 / 33

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

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

Full Name (Last, First, Middle Initial) A. Martin Bontempo, Inc.		Date of Disbursement 05 / 20 / 2002	
Mailing Address 212 West State Street City State Zip Code Trenton NJ 08608		Amount of Each Disbursement this Period 503.50	
Purpose of Disbursement JEMPAC Plus		Category/ Type	
Candidate Name			
Office Sought:	House Senate President	Disbursement For: Primary General Other (specify) ▼	
State:	District:	Transaction ID: 5B21B.5689	

B.

C.

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>503.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>503.50</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 32 / 33

<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
------------------------------	--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	------------------------------	------------------------------	------------------------------	-----------------------------

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) <b>A. AMPAC</b>		Date of Disbursement 04 / 08 / 2002	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 4850.00	
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.5860	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AMPAC</b>		Date of Disbursement 05 / 08 / 2002	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 1450.00	
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.5861	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. AMPAC</b>		Date of Disbursement 06 / 08 / 2002	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 1800.00	
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.5862	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7900.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7900.00</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 33 / 33

<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

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

Full Name (Last, First, Middle Initial)

A. Cardinalis for Congress

Mailing Address

32 Bond Street

City

Bridgewater

State

NJ

Zip Code

08807

Purpose of Disbursement

Candidate Support

Candidate Name

Category/  
Type

Office Sought:  House  
Senate  
President

State: NJ District: 5

Disbursement For: 2002  
 Primary General  
Other (specify) ▼

Date of Disbursement

05 / 20 / 2002

Amount of Each Disbursement this Period

2500.00

Transaction ID: 5B23.5685

B.

C.

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ **2500.00**

**TOTAL** This Period (last page this line number only) ..... ▶ **2500.00**