

# JEMPAC

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


101 26 3 52 111 10

May 21, 1996

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

Enclosed please find the New Jersey Medical Political Action Committee's (JEMPAC) twelfth day report preceding the Primary Election on June 4, 1996 in the State of New Jersey.

Sincerely yours,



Barbara S. Mihalik  
Executive Director/  
Assistant Treasurer

BSM/jrl

cc: NJ Election Division

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

If your practice is incorporated, JEMPAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AHA nor the Medical Society of New Jersey will favor or disadvantage anyone based on the amount of or failure to make PAC contributions. Copies of JEMPAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, DC. Contributions are subject to the limitations of FEC regulations, Sections 110.1, 110.2, and 110.8 (Federal regulations require this notice).

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MARKING LABEL  
OR  
TYPE OR PRINT

|   |   |
|---|---|
| 1. NAME OF COMMITTEE (in full)<br><p style="text-align: center;">(JEMPAC)</p> New Jersey Medical Political Action Committee | 2. FEC IDENTIFICATION NUMBER<br>C00039123   |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported<br>2 Princess Road         | 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) |
| CITY, STATE and ZIP CODE<br>Lawrenceville, New Jersey 08648   |   |

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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  |

- Twelfth day report preceding Primary  
(Type of Election)  
 election on June 4, 1996 in the State of New Jersey
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

| SUMMARY   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 5. Covering Period <u>April 1, 1996</u> through <u>May 15, 1996</u>                           |                         |   |
| 6. (a) Cash on Hand January 1, 19 <u>96</u>   |                         | \$ 18,340.29  |
| (b) Cash on Hand at Beginning of Reporting Period   | \$ 19,109.02            |   |
| (c) Total Receipts (from Line 19)   | \$ 25,800.00            | \$ 27,283.23  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ 44,909.02            | \$ 45,623.52  |
| 7. Total Disbursements (from Line 30)   | \$ 2,150.00             | \$ 2,864.50   |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 | \$ 42,759.02            | \$ 42,759.02  |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)  | \$ -0-                  | For further information contact:<br>Federal Election Commission<br>990 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-8530<br>Local 202-218-3420 |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | \$ -0-                  |   |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

|  |                 |
|--|-----------------|
| Type or Print Name of <del>Treasurer</del> Assistant Treasurer<br>Barbara S. Mihalik |                 |
| Signature of <del>Treasurer</del> Assistant Treasurer<br>                            | Date<br>5/21/96 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

[Revised 1/1/91]

| NAME OF COMMITTEE   | REPORT COVERING PERIOD        |                           |            |
|---|-------------------------------|---------------------------|------------|
|   | FROM                          | TO                        |            |
| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year |            |
| <b>I. Receipts</b>  |                               |                           |            |
| 11. Contributions (other than loans) From:  |                               |                           |            |
| a. Individual/Persons Other Than Political Committees                                     |                               |                           |            |
| i. Itemized (use Schedule A)  | 24,000.00                     | 24,000.00                 | 11(a)(i)   |
| ii. Unitemized  | 1,800.00                      | 3,250.00                  | 11(a)(ii)  |
| iii. Total (add i and ii) >   | 25,800.00                     | 27,250.00                 | 11(a)(iii) |
| b. Political Party Committees   | -0-                           | -0-                       | 11(b)      |
| c. Other Political Committees (such as PACs)  | -0-                           | -0-                       | 11(c)      |
| d. Total Contributions (add a iii, b and c) >   | 25,800.00                     | 27,250.00                 | 11(d)      |
| 12. Transfers From Affiliated/Other Party Committees                                      | -0-                           | -0-                       | 12         |
| 13. All Loans Received  | -0-                           | -0-                       | 13         |
| 14. Loan Repayments Received  | -0-                           | -0-                       | 14         |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)                            | -0-                           | -0-                       | 15         |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees    | -0-                           | -0-                       | 16         |
| 17. Other Federal Receipts (Dividends, Interest, etc.)                                    | -0-                           | 33.23                     | 17         |
| 18. Transfers from Nonfederal Account for Joint Activity                                  | -0-                           | -0-                       | 18         |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >                            | 25,800.00                     | 27,283.23                 | 19         |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              | 25,800.00                     | 27,283.23                 | 20         |
| <b>II. Disbursements</b>  |                               |                           |            |
| <b>II. Disbursements</b>  |                               |                           |            |
| 21. Operating Expenditures:   |                               |                           |            |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                 |                               |                           |            |
| i. Federal Share  | -0-                           | -0-                       | 21(a)(i)   |
| ii. Non-Federal Share   | -0-                           | -0-                       | 21(a)(ii)  |
| b. Other Federal Operating Expenditures   | -0-                           | 14.50                     | 21(b)      |
| c. Total Operating Expenditures (add a i, a ii, and b) >                                  | -0-                           | 14.50                     | 21(c)      |
| 22. Transfers to Affiliated/Other Party Committees  | 1,650.00                      | 2,350.00                  | 22         |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees         | 500.00                        | 500.00                    | 23         |
| 24. Independent Expenditures (use Schedule E)   | -0-                           | -0-                       | 24         |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | -0-                           | -0-                       | 25         |
| 26. Loan Repayments Made  | -0-                           | -0-                       | 26         |
| 27. Loans Made  | -0-                           | -0-                       | 27         |
| 28. Refunds of Contributions To:  |                               |                           |            |
| a. Individual/Persons Other Than Political Committees                                     | -0-                           | -0-                       | 28(a)      |
| b. Political Party Committees   | -0-                           | -0-                       | 28(b)      |
| c. Other Political Committees (such as PACs)  | -0-                           | -0-                       | 28(c)      |
| d. Total Contribution Refunds (add a, b and c) >  | -0-                           | -0-                       | 28(d)      |
| 29. Other Disbursements   | -0-                           | -0-                       | 29         |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                  | 2,150.00                      | 2,864.50                  | 30         |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >                    | 2,150.00                      | 2,864.50                  | 31         |
| <b>III. Net Contributions/Operating Expenditures</b>                                      |                               |                           |            |
| 32. Total Contributions (other than loans)(from line 11d)                                 | 25,800.00                     | 27,250.00                 | 32         |
| 33. Total Contribution Refunds (from line 28d)  | -0-                           | -0-                       | 33         |
| 34. Net Contributions (other than loans)(subtract line 33 from 32)                        | 25,800.00                     | 27,250.00                 | 34         |
| 35. Total Federal Operating Expenditures (add 21 b i and 21 b) >                          | -0-                           | 14.50                     | 35         |
| 36. Offsets to Operating Expenditures (from line 15)                                      | -0-                           | -0-                       | 36         |
| 37. Net Operating Expenditures (subtract line 36 from 35) >                               | -0-                           | 14.50                     | 37         |

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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)

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|--|--|--|--|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>James R. Tyler, M.D.<br/>134 Fresh Ponds Rd.<br/>East Brunswick, NJ 08816</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Membership</p>  | <p>Name of Employer<br/>Middlesex Same Day<br/>Surgical Center</p> <p>Occupation<br/>Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>        | <p>Date (month, day, year)<br/>4/24/96</p> | <p>Amount of Each Receipt This Period<br/>250.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>R. Gregory Sachs, M.D.<br/>92 Mountain Ave<br/>Summit, NJ 07901</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Membership</p>            | <p>Name of Employer<br/>Summit Medical Group</p> <p>Occupation<br/>Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>                          | <p>Date (month, day, year)<br/>4/24/95</p> | <p>Amount of Each Receipt This Period<br/>250.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Raymond F. Crystal, M.D.<br/>325 Long Hill Dr.<br/>Short Hill, NJ 07078</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Membership</p>    | <p>Name of Employer<br/>Colon Surgery &amp;<br/>Proctology Associates</p> <p>Occupation<br/>Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p> | <p>Date (month, day, year)<br/>4/24/96</p> | <p>Amount of Each Receipt This Period<br/>250.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Marc I. Malberg, M.D.<br/>182 Autumn Hill Rd.<br/>Princeton, NJ 08540</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Membership</p>      | <p>Name of Employer<br/>Self-Employed</p> <p>Occupation<br/>Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>                                 | <p>Date (month, day, year)<br/>4/24/96</p> | <p>Amount of Each Receipt This Period<br/>250.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Mark Tenenzapf, M.D.<br/>8 Marblehead Dr.<br/>Princeton Junction, NJ 08550</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Membership</p> | <p>Name of Employer<br/>River Valley<br/>Radiology</p> <p>Occupation<br/>Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>                    | <p>Date (month, day, year)<br/>4/24/96</p> | <p>Amount of Each Receipt This Period<br/>250.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Herman M. Robinson, M.D.<br/>53 Rockledge Dr.<br/>Livingston, NJ 07039</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Membership</p>     | <p>Name of Employer<br/>DMI Radiological Group</p> <p>Occupation<br/>Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>                        | <p>Date (month, day, year)<br/>4/24/96</p> | <p>Amount of Each Receipt This Period<br/>250.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Ahmad Khalili, M.D.<br/>648 Avenue C<br/>Bayonne, NJ 07002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Membership</p>                 | <p>Name of Employer<br/>Self-Employed</p> <p>Occupation<br/>Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>                                 | <p>Date (month, day, year)<br/>4/25/96</p> | <p>Amount of Each Receipt This Period<br/>250.00</p> |

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

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

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

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| A. Full Name, Mailing Address and ZIP Code  |  | Name of Employer                | Date (month, day, year)            | Amount of Each Receipt this Period |
|---|--|---------------------------------|------------------------------------|------------------------------------|
| Mark S. Pascal, M.D.<br>5 Summit Ave<br>Hackensack, NJ 07601  |  | Memorial Oncology Associates    | 4/25/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership |  | Occupation<br>Physician         | Aggregate Year-to-Date > \$ 250.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code  |  | Name of Employer                | Date (month, day, year)            | Amount of Each Receipt this Period |
| Melvin S. Polkow, M.D.<br>794 DeMarrais Place<br>Oradell, NJ 07649  |  | Hackensack Univ Med Ctr         | 4/25/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership |  | Occupation<br>Physician         | Aggregate Year-to-Date > \$ 250.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code  |  | Name of Employer                | Date (month, day, year)            | Amount of Each Receipt this Period |
| William J. Anitto, M.D.<br>147 Hamilton Ave<br>Princeton, NJ 08540  |  | Shoreline Medical Grp.          | 4/25/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership |  | Occupation<br>Physician         | Aggregate Year-to-Date > \$ 250.00 |                                    |
| D. Full Name, Mailing Address and ZIP Code  |  | Name of Employer                | Date (month, day, year)            | Amount of Each Receipt this Period |
| Lincoln Shimomura, M.D.<br>104 Branch Rd.<br>Bridgewater, NJ 08807  |  | Somerset Anesthesia Consultants | 4/25/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership |  | Occupation<br>Physician         | Aggregate Year-to-Date > \$ 250.00 |                                    |
| E. Full Name, Mailing Address and ZIP Code  |  | Name of Employer                | Date (month, day, year)            | Amount of Each Receipt this Period |
| Wendy Martinez, M.D.<br>24 Promenade Place<br>Voorhees, NJ 07043  |  | Self-Employed                   | 4/25/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership |  | Occupation<br>Physician         | Aggregate Year-to-Date > \$ 250.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code  |  | Name of Employer                | Date (month, day, year)            | Amount of Each Receipt this Period |
| John S. Owens, M.D.<br>1228 W. Kay Drive<br>Cherry Hill, NJ 08034   |  | Self-Employed                   | 4/25/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership |  | Occupation<br>Physician         | Aggregate Year-to-Date > \$ 250.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code  |  | Name of Employer                | Date (month, day, year)            | Amount of Each Receipt this Period |
| Gary J. Brauner, M.D.<br>231 Wilson Drive<br>Cresskill, NJ 07626  |  | Self-Employed                   | 4/25/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership |  | Occupation<br>Physician         | Aggregate Year-to-Date > \$ 250.00 |                                    |
| SUBTOTAL of Receipts This Page (optional)   |  |                                 |                                    | 1,750.00                           |
| TOTAL This Period (last page this line number only)   |  |                                 |                                    |                                    |

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

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer                               | Date (month, day, year)            | Amount of Each Receipt this Period           |
|---|--|------------------------------------|--|
| Joseph P. Inzinna, M.D.<br>114 Highland Ave<br>Montclair, NJ 07042-1912   | Self-Employed                                  | 4/25/96                            | 250.00                                       |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership | Occupation<br>Physician                        | Aggregate Year-to-Date \$ 250.00   |  |
| B. Full Name, Mailing Address and ZIP Code<br>Ralph Myrow, M.D.<br>104 Kenwood Drive<br>Woodcliff Lake, NJ 07675                                  | Name of Employer<br>Westwood Dermatology Group | Date (month, day, year)<br>4/25/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership | Occupation<br>Physician                        | Aggregate Year-to-Date \$ 250.00   |  |
| C. Full Name, Mailing Address and ZIP Code<br>Robert Fuhrman, M.D.<br>552 Westfield Ave<br>Westfield, NJ 07090                                    | Name of Employer<br>Self-Employed              | Date (month, day, year)<br>4/25/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership | Occupation<br>Physician                        | Aggregate Year-to-Date \$ 250.00   |  |
| D. Full Name, Mailing Address and ZIP Code<br>John N. Castellucci, M.D.<br>1426 Route 23<br>Butler, NJ 07405                                      | Name of Employer<br>Self-Employed              | Date (month, day, year)<br>4/25/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership | Occupation<br>Physician                        | Aggregate Year-to-Date \$ 250.00   |  |
| E. Full Name, Mailing Address and ZIP Code<br>Mary Blome, M.D.<br>516 Knickerbocker Rd.<br>Cresskill, NJ 07626                                    | Name of Employer<br>Self-Employed              | Date (month, day, year)<br>4/26/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership | Occupation<br>Physician                        | Aggregate Year-to-Date \$ 250.00   |  |
| F. Full Name, Mailing Address and ZIP Code<br>Abraham C. Kovarsky, M.D.<br>710 Tulip Place<br>River Vale, NJ 07675                                | Name of Employer<br>Self-Employed              | Date (month, day, year)<br>4/26/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership | Occupation<br>Physician                        | Aggregate Year-to-Date \$ 250.00   |  |
| G. Full Name, Mailing Address and ZIP Code<br>Carl L. Raso, M.D.<br>32 Chestnut Dr.<br>Colts Neck, NJ 07722                                       | Name of Employer<br>Self-Employed              | Date (month, day, year)<br>4/26/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Membership | Occupation<br>Physician                        | Aggregate Year-to-Date \$ 250.00   |  |
| TOTAL of Receipts This Page (optional)  |  |                                    | 1,750.00                                     |
| TOTAL This Period (last page this line number only)   |  |                                    |  |

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

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| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Bernard Grossman, M.D.<br>5 Fraser Rd.<br>Washington Crossing, PA 18977                             |  | Name of Employer<br><b>Self-Employed</b>             | Date (month, day, year)<br>4/26/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> |  | Occupation<br><b>Physician</b>                       | Aggregate Year-to-Date > \$ 250.00 |  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Elpidio T. Marcelo, M.D.<br>302 24th St.<br>Union City, NJ 07087                                    |  | Name of Employer<br><b>Self-Employed</b>             | Date (month, day, year)<br>4/26/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> |  | Occupation <b>Physician</b>                          | Aggregate Year-to-Date > \$ 250.00 |  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard J. Scott, M.D.<br>707 Little Silver Point Rd.<br>Little Silver, NJ 07739                    |  | Name of Employer<br><b>Self-Employed</b>             | Date (month, day, year)<br>4/26/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> |  | Occupation <b>Physician</b>                          | Aggregate Year-to-Date > \$ 250.00 |  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Phillip La Stella, M.D.<br>11 Willis Dr.<br>Closter, NJ 07624                                       |  | Name of Employer<br><b>Pascack Emergency Service</b> | Date (month, day, year)<br>4/26/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> |  | Occupation <b>Physician</b>                          | Aggregate Year-to-Date > \$ 250.00 |  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Geraldine S. Meanor, M.D.<br>150 Ridgewood Ave<br>Glen Ridge, NJ 07028                              |  | Name of Employer<br><b>Self-Employed</b>             | Date (month, day, year)<br>4/29/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> |  | Occupation <b>Physician</b>                          | Aggregate Year-to-Date > \$ 250.00 |  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jerome D. Goldfischer, M.D.<br>199 Charlotte Pl.<br>Englewood Cliffs, NJ 07632                      |  | Name of Employer<br><b>Self-Employed</b>             | Date (month, day, year)<br>4/29/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> |  | Occupation <b>Physician</b>                          | Aggregate Year-to-Date > \$ 250.00 |  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jeffrey S. Daniels, M.D.<br>34 S. Arlene Dr.<br>West Long Branch, NJ 07764-1153                     |  | Name of Employer<br><b>Modern Health Resources</b>   | Date (month, day, year)<br>4/29/96 | Amount of Each Receipt this Period<br>250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> |  | Occupation <b>Physician</b>                          | Aggregate Year-to-Date > \$ 250.00 |  |

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| <b>TOTAL of Receipts This Page (optional)</b>              |  |  |  | 1,750.00 |
| <b>TOTAL This Period (last page this line number only)</b> |  |  |  |          |





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

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer           | Date (month, day, year)          | Amount of Each Receipt (this Period) |
|--|----------------------------|----------------------------------|--------------------------------------|
| Ann Hughes Daniels, M.D.<br>34 S. Arlene Dr.<br>West Long Branch, NJ 07764-1153  | Self-Employed              | 4/29/96                          | 250.00                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician    | Aggregate Year-to-Date \$ 250.00 |                                      |
| B. Full Name, Mailing Address and ZIP Code<br>Philip Jaaper, M.D.<br>285 Aycrigg Ave<br>Passaic, NJ 07055  | Self-Employed              | 4/30/96                          | 250.00                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician    | Aggregate Year-to-Date \$ 250.00 |                                      |
| C. Full Name, Mailing Address and ZIP Code<br>Vincent Napoliello, M.D.<br>10 Brooklawn Drive<br>Pompton Plains, NJ 07444                                 | Self-Employed              | 4/30/96                          | 250.00                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician    | Aggregate Year-to-Date \$ 250.00 |                                      |
| D. Full Name, Mailing Address and ZIP Code<br>Henry R. Liss, M.D.<br>29 Ridge Rd.<br>Summit, NJ 07901-2916   | Overlook Hospital          | 4/30/96                          | 250.00                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician    | Aggregate Year-to-Date \$ 250.00 |                                      |
| E. Full Name, Mailing Address and ZIP Code<br>Thomas Witomski, M.D.<br>2374 Birch Pl.<br>Manasquan, NJ 08736   | Self-Employed              | 4/30/96                          | 250.00                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician    | Aggregate Year-to-Date \$ 250.00 |                                      |
| F. Full Name, Mailing Address and ZIP Code<br>Robert S. Rigoluski, M.D.<br>158 Summit Drive<br>Paramus, NJ 07652-1312                                    | Self-Employed              | 4/30/96                          | 250.00                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician    | Aggregate Year-to-Date \$ 250.00 |                                      |
| G. Full Name, Mailing Address and ZIP Code<br>John F. Mendes, M.D.<br>97 Oldchester Rd.<br>Essex Fells, NJ 07021   | Montclair Orthopedic Group | 5/1/96                           | 500.00                               |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician    | Aggregate Year-to-Date \$ 500.00 |                                      |
| TOTAL of Receipts This Page (optional)   |                            |                                  | 2,000.00                             |
| TOTAL This Period (last page this line number only)  |                            |                                  |                                      |

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

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| A. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year) | Amount of Each Receipt This Period |
|--|--|-------------------------|------------------------------------|
| Cesar V. Nolasco, M.D.<br>15 Ivy Place<br>Upper Saddle River, NJ 07458   | Hackensack Anesthesiology Associates                               | 5/1/96                  | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b><br>Aggregate Year-to-Date > \$ 250.00 |                         |                                    |
| Marvin F. Kraushar, M.D.<br>98 Heller Pwy.<br>Newark, NJ 07104   | Self-Employed  | 5/1/96                  | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b><br>Aggregate Year-to-Date > \$ 250.00 |                         |                                    |
| Richard Berkowitz, M.D.<br>81 Hubbardton Rd.<br>Wayne, NJ 07470  | Memorial Hospital of Salem County                                  | 5/1/96                  | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b><br>Aggregate Year-to-Date > \$ 250.00 |                         |                                    |
| George J. Hill, M.D.<br>3 Silver Spring Rd.<br>West Orange, NJ 07052-4317  | UMDNJ-NJ Medical School  | 5/1/96                  | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b><br>Aggregate Year-to-Date > \$ 250.00 |                         |                                    |
| Barry Prystowsky, M.D.<br>562 Kingsland St.<br>Nutley, NJ 07110  | Self-Employed  | 5/1/96                  | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b><br>Aggregate Year-to-Date > \$ 250.00 |                         |                                    |
| Irving P. Rstner, M.D.<br>105 Mews Lane<br>Cherry Hill, NJ 08003   | Rancocas Orthopedic Associates                                     | 5/1/96                  | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b><br>Aggregate Year-to-Date > \$ 250.00 |                         |                                    |
| John S. Madars, M.D.<br>31 Market St.<br>Salem, NJ 08079   | Memorial Hospital of Salem County                                  | 5/1/96                  | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b><br>Aggregate Year-to-Date > \$ 250.00 |                         |                                    |

GRAND TOTAL of Receipts This Page (optional) . . . . . 1,750.00  
TOTAL This Period (last page this line number only) . . . . .

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

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| <b>A. Full Name, Mailing Address and ZIP Code</b><br>William G. DeLong Jr., M.D.<br>344 Kings Hwy. E<br>Haddonfield, NJ 08033                                   | <b>Name of Employer</b><br>Cooper Hospital/UMC                           | <b>Date (month, day, year)</b><br>5/6/96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | <b>Occupation</b> Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |  |   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Gerald S. Packman, M.D.<br>3129 Country Lane<br>Vineland, NJ 08360   | <b>Name of Employer</b><br>Cumberland Orthopedics                        | <b>Date (month, day, year)</b><br>5/6/96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | <b>Occupation</b> Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |  |   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Robert Biester, M.D.<br>21 Daylily Dr.<br>Mt. Laurel, NJ 08054   | <b>Name of Employer</b><br>Center for Urology                            | <b>Date (month, day, year)</b><br>5/6/96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | <b>Occupation</b> Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |  |   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Philip Horowitz, M.D.<br>24 Pontiac Dr.<br>Medford, NJ 08055   | <b>Name of Employer</b><br>South Jersey Eye Physicians                   | <b>Date (month, day, year)</b><br>5/6/96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | <b>Occupation</b> Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |  |   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Craig A. Dise, M.D.<br>42 Nestling Wood Dr.<br>Long Valley, NJ 07853                                       | <b>Name of Employer</b><br>Morristown Pathology Associates               | <b>Date (month, day, year)</b><br>5/6/96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | <b>Occupation</b> Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |  |   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Alberto J. Taboada, M.D.<br>3 Twilight Dr.<br>Brick, NJ 08723-5858   | <b>Name of Employer</b><br>Ocean Anesthesia Group                        | <b>Date (month, day, year)</b><br>5/6/96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | <b>Occupation</b> Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |  |   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Louis G. Fares, M.D.<br>2759 Nottingham Way<br>Trenton, NJ 08619   | <b>Name of Employer</b><br>Self-Employed                                 | <b>Date (month, day, year)</b><br>5/6/96 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>Receipt For:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | <b>Occupation</b> Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00 |  |   |

**TOTAL of Receipts This Page (optional)** ..... 1,750.00

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

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

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

Table with 4 columns: Donor Name/Address, Employer/Occupation, Date, Amount. Rows include Ronald Sachs, Glenn S. Madara, James G. Nachbar, Andrew Renny, Thomas Obade, Mary Ann LoFrumento, and Lee B. Berman.

SUBTOTAL of Receipts This Page (optional) 1,750.00

TOTAL This Period (last page this line number only)

Vertical text on the left margin: 2, 3, 3, 2, 3, 3, 2

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

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| A. Full Name, Mailing Address and ZIP Code   | Name of Employer                        | Date (month, day, year)            | Amount of Each Receipt this Period |
|--|---|------------------------------------|------------------------------------|
| Anthony R. Giorgio, M.D.<br>756 Wyngate Rd.<br>Somerdale, NJ 08083   | Gloucester County Anesthesia Associates | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b>            | Aggregate Year-to-Date > \$ 250.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer                        | Date (month, day, year)            | Amount of Each Receipt this Period |
| Fred O. Dorey, M.D.<br>609 Hunter St.<br>Woodbury, NJ 08096  | Self-Employed                           | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b>            | Aggregate Year-to-Date > \$ 250.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer                        | Date (month, day, year)            | Amount of Each Receipt this Period |
| David Reisman, M.D.<br>3 Clive Hills Rd.<br>Edison, NJ 08820   | Menlo Park Medical Group                | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b>            | Aggregate Year-to-Date > \$ 250.00 |                                    |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer                        | Date (month, day, year)            | Amount of Each Receipt this Period |
| Gene S. Rosenberg, M.D.<br>507 Forest Ave<br>Teaneck, NJ 07666   | Self-Employed                           | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b>            | Aggregate Year-to-Date > \$ 250.00 |                                    |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer                        | Date (month, day, year)            | Amount of Each Receipt this Period |
| James LaBagnara, Jr., M.D.<br>311 Lexington Ave<br>Paterson, NJ 07502  | Self-Employed                           | 5/6/97                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b>            | Aggregate Year-to-Date > \$ 250.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer                        | Date (month, day, year)            | Amount of Each Receipt this Period |
| Alphonse DePaola, M.D.<br>77 Main St.<br>West Orange, NJ 07052   | Self-Employed                           | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b>            | Aggregate Year-to-Date > \$ 250.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer                        | Date (month, day, year)            | Amount of Each Receipt this Period |
| Ken-Vai Wu, M.D.<br>22 Hunters Trail<br>Warren, NJ 07059-7117  | Somerset Hematology Associates          | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b>            | Aggregate Year-to-Date > \$ 250.00 |                                    |

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| TOTAL of Receipts This Page (optional)              | 1,750.00 |
| TOTAL This Period (last page this line number only) |          |

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

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| A. Full Name, Mailing Address and ZIP Code   | Name of Employer                     | Date (month, day, year)            | Amount of Each Receipt this Period |
|--|--------------------------------------|------------------------------------|------------------------------------|
| Hugh E. McGee, Jr., M.D.<br>26 E. Spring Valley Ave<br>Maywood, NJ 07607   | Self-Employed                        | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br><b>Physician</b>       | Aggregate Year-to-Date > \$ 250.00 |                                    |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer                     | Date (month, day, year)            | Amount of Each Receipt this Period |
| Kenneth A. Schmidt, M.D.<br>5 Spruce Hollow<br>Upper Saddle River, NJ 07458  | Hackensack Anesthesiology Associates | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br><b>Physician</b>       | Aggregate Year-to-Date > \$ 250.00 |                                    |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer                     | Date (month, day, year)            | Amount of Each Receipt this Period |
| Barry B. Galton, M.D.<br>88 Hemlock Terr<br>Wayne, NJ 07470  | Cardiology Assoc. of North Jersey    | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br><b>Physician</b>       | Aggregate Year-to-Date > \$ 250.00 |                                    |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer                     | Date (month, day, year)            | Amount of Each Receipt this Period |
| Roberta G. Rubin, M.D.<br>10 Woodland Ave<br>Glen Ridge, NJ 07028  | Self-Employed                        | 5/6/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br><b>Physician</b>       | Aggregate Year-to-Date > \$ 250.00 |                                    |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer                     | Date (month, day, year)            | Amount of Each Receipt this Period |
| Joel A. Budin, M.D.<br>140 Chestnut St.<br>Englewood, NJ 07631   | Hackensack Radiology Group           | 5/8/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br><b>Physician</b>       | Aggregate Year-to-Date > \$ 250.00 |                                    |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer                     | Date (month, day, year)            | Amount of Each Receipt this Period |
| William J. Chernack, M.D.<br>Jockey Hollow Rd.<br>Bernardsville, NJ 07924  | Self-Employed                        | 5/8/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br><b>Physician</b>       | Aggregate Year-to-Date > \$ 250.00 |                                    |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer                     | Date (month, day, year)            | Amount of Each Receipt this Period |
| David Averbach, M.D.<br>13 Harbor Court<br>West Long Branch, NJ 07764  | Atlantic Surgical Group              | 5/8/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br><b>Physician</b>       | Aggregate Year-to-Date > \$ 250.00 |                                    |

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| TOTAL of Receipts This Page (optional)              | 1,750.00 |
| TOTAL This Period (last page this line number only) |          |

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

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| A. Full Name, Mailing Address and ZIP Code   | Name of Employer                        | Date (month, day, year)            | Amount of Each Receipt this Period |
|--|---|------------------------------------|------------------------------------|
| Albert M. Vadon, M.D.<br>601 Miller Rd.<br>Wyckoff, NJ 07481   | Self-Employed                           | 5/8/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician                 | Aggregate Year-to-Date > \$ 250.00 |                                    |
| Edward S. Milner, Jr, M.D.<br>55 Franklin Dr.<br>Bridgeton, NJ 08302   | Women's Health Care of South Jersey     | 5/8/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician                 | Aggregate Year-to-Date > \$ 250.00 |                                    |
| Walter Groff, M.D.<br>33 Overlook Rd. Suite 412<br>Summit, NJ 07901-3564   | Self-Employed                           | 5/8/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician                 | Aggregate Year-to-Date > \$ 250.00 |                                    |
| Murray H. Seltzer, M.D.<br>50 Hemlock Rd.<br>Short Hills, NJ 07078-1802  | Self-Employed                           | 5/8/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician                 | Aggregate Year-to-Date > \$ 250.00 |                                    |
| Matthew J. DeLuca, M.D.<br>88 Porter Place<br>Montclair, NJ 07042  | Self-Employed                           | 5/8/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician                 | Aggregate Year-to-Date > \$ 250.00 |                                    |
| Jeffrey H. Charen, M.D.<br>19 Lorian Rd.<br>Warren, NJ 07059-5444  | Orthopedic Associates of Central Jersey | 5/9/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician                 | Aggregate Year-to-Date > \$ 250.00 |                                    |
| Gabriel F. Sciallis, M.D.<br>2211 Whitehorse-Mercerville Rd.<br>Mercerville, NJ 08619  | Self-Employed                           | 5/9/96                             | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation<br>Physician                 | Aggregate Year-to-Date > \$ 250.00 |                                    |

TOTAL of Receipts This Page (optional): 1,750.00

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



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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

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| A. Full Name, Mailing Address and ZIP Code   | Name of Employer             | Date (month, day, year)            | Amount of Each Receipt this Period |
|--|------------------------------|------------------------------------|------------------------------------|
| Kenneth Brait, M.D.<br>212 Aquetong Rd.<br>New Hope, PA 18938  | Self-Employed                | 5/13/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b> | Aggregate Year-to-Date > \$ 250.00 |                                    |
| Allan W. Lazar, M.D.<br>740 Carroll Place<br>Teaneck, NJ 07666-0434  | Self-Employed                | 5/13/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b> | Aggregate Year-to-Date > \$ 250.00 |                                    |
| Albert J. Salzman, M.D.<br>8011 Bayshore Dr.<br>Margate, NJ 08402-1B07   | Atlantic Radiologists        | 5/13/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b> | Aggregate Year-to-Date > \$ 250.00 |                                    |
| Joseph H. Willner, M.D.<br>44 Old Smith Rd.<br>Tenafly, NJ 07670   | Willner & Alweiss            | 5/13/96                            | 250.00                             |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): <b>Membership</b> | Occupation: <b>Physician</b> | Aggregate Year-to-Date > \$ 250.00 |                                    |
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|---|-----------|
| TOTAL of Receipts This Page (optional):             | 1,000.00  |
| TOTAL This Period (last page this line number only) | 24,000.00 |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 22

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**NAME OF COMMITTEE (in Full)**

New Jersey Medical Political Action Committee (JEMPAC)

9 5 0 3 0 : 2 5 3 7

| A. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| AMPAC<br>1101 Vermont Avenue N.W. 12th Floor<br>Washington, D.C. 20005 | Funds raised through joint fund raising efforts<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) | 4/2/96                  | 150.00                                  |
| AMPAC<br>1101 Vermont Avenue N.W. 12th Floor<br>Washington, D.C. 20005 | Funds raised through joint fund raising efforts<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) | 4/26/96                 | 1,500.00                                |
| C. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code                             | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                    | Date (month, day, year) | Amount of Each Disbursement This Period |

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

1,650.00

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

1,650.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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


9 5 0 3 0 2 5 3 0

| A. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| LoBiondo for Congress<br>P.O. Box 550<br>Vineland, NJ 08360-9884 | Candidate Support<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 4/17/96                 | 500.00                                  |
| B. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| C. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code                       | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year) | Amount of Each Disbursement This Period |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 500.00 |

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|  |   |                            |
|--|---|----------------------------|
| <input checked="" type="checkbox"/>  | Hand Delivered  | DATE OF RECEIPT<br>5-22-96 |
| <input type="checkbox"/>   | First Class Mail  | POSTMARKED                 |
| <input type="checkbox"/>   | Registered/Certified Mail                                     | POSTMARKED                 |
| <input type="checkbox"/>   | No Postmark   |                            |
| <input type="checkbox"/>   | Postmark Illegible  |                            |
| <input type="checkbox"/>   | Received from the House Office of Records<br>and Registration | DATE OF RECEIPT            |
| <input type="checkbox"/>   | Received from the Senate Office of Public<br>Records          | DATE OF RECEIPT            |
| <input type="checkbox"/>   | Other (Specify):  | POSTMARKED                 |
|  |   | and/or DATE OF RECEIPT     |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 20%;"></div> <div style="width: 60%;"></div> <div style="width: 20%; text-align: right;">5-22-96</div> </div> |   |                            |
| PREPARER   |   | DATE PREPARED              |

95030125309