

JEMPAC

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

New Jersey Medical Political Action Committee

12 Princess Road Lawrenceville, NJ 08648-2302 Tel: 609/896-1756 Fax: 609/896-2302

Oct 15 9 57 AM '96

October 9, 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)
October 15, 1996 Quarterly Report.

Sincerely yours,



Barbara S. Mihalik
Executive Director/
Assistant Treasurer

BSM/mlb

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 AMA 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 110.5 (Federal regulations require this notice).

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 15 9 57 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|---|--|--|
| 1. NAME OF COMMITTEE (In full) New Jersey Medical Political Action Committee (JEMPAAC) | | 2. FEC IDENTIFICATION NUMBER C 00039123 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Two Princess Road | | |
| CITY, STATE and ZIP CODE Lawrenceville, NJ 08648 | | |
| 3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) | | |

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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|---|
| 5. Covering Period July 1, 1996 through Sept. 30, 1996 | | |
| 6. (a) Cash on Hand January 1, 1996 | | \$ 18,340.29 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 42,103.57 | |
| (c) Total Receipts (from Line 19) | \$ 111,684.84 | \$ 49,450.42 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 53,788.41 | \$ 67,790.71 |
| 7. Total Disbursements (from Line 30) | \$ 33,588.13 | \$ 47,590.43 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 20,200.28 | \$ 20,200.28 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ -0- | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ -0- | |

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 Assistant Treasurer Barbara S. Mihalik | Date |
| Signature of TREASURER Assistant Treasurer <i>Barbara S. Mihalik</i> | 10/10/96 |

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

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

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

REPORT COVERING PERIOD
FROM 7/1/96

TO: 9/30/96

| | COLUMN A Total This Period | COLUMN B Calendar Year |
|---|-------------------------------|---------------------------|
| I. Receipts | | |
| 11. Contributions (other than loans) From: | 7,850.00 | 41,250.00 |
| a. Individual/Persons Other Than Political Committees | | |
| i. Itemized (use Schedule A) | 3,800.00 | 8,100.00 |
| ii. Unitemized | | |
| iii. Total (add i and ii) > | 11,650.00 | 49,350.00 |
| b. Political Party Committees | -0- | -0- |
| c. Other Political Committees (such as PACs) | -0- | -0- |
| d. Total Contributions (add a iii, b and c) > | 11,650.00 | 49,350.00 |
| 12. Transfers From Affiliated/Other Party Committees | -0- | -0- |
| 13. All Loans Received | -0- | -0- |
| 14. Loan Repayments Received | -0- | -0- |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | -0- | -0- |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | -0- | -0- |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 34.84 | 100.42 |
| 18. Transfers from Nonfederal Account for Joint Activity | -0- | -0- |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | 11,684.84 | 49,450.42 |
| 20. Total Federal Receipts (subtract line 18 from line 19) > | 11,684.84 | 49,450.42 |
| II. Disbursements | | |
| 21. Operating Expenditures: | -0- | -0- |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| i. Federal Share | -0- | -0- |
| ii. Non-Federal Share | -0- | 252.30 |
| b. Other Federal Operating Expenditures | -0- | 252.30 |
| c. Total Operating Expenditures (add a i, a ii, and b) > | -0- | 252.30 |
| 22. Transfers to Affiliated/Other Party Committees | 3,000.00 | 11,250.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 30,000.00 | 35,500.00 |
| 24. Independent Expenditures (use Schedule E) | -0- | -0- |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F) | -0- | -0- |
| 26. Loan Repayments Made | -0- | -0- |
| 27. Loans Made | -0- | -0- |
| 28. Refunds of Contributions To: | | |
| a. Individual/Persons Other Than Political Committees | -0- | -0- |
| b. Political Party Committees | -0- | -0- |
| c. Other Political Committees (such as PACs) | -0- | -0- |
| d. Total Contribution Refunds (add a, b and c) > | -0- | -0- |
| 29. Other Disbursements | 588.13 | 588.13 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | 33,588.13 | 47,590.43 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) > | 33,588.13 | 47,590.43 |
| III. Net Contributions/Operating Expenditures | | |
| 32. Total Contributions (other than loans)(from line 11d) | 11,650.00 | 49,350.00 |
| 33. Total Contribution Refunds (from line 28d) | -0- | -0- |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 11,650.00 | 49,350.00 |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) > | -0- | 252.30 |
| 36. Offsets to Operating Expenditures (from line 15) | -0- | -0- |
| 37. Net Operating Expenditures (subtract line 36 from 35) > | -0- | 252.30 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 15
FOR LINE NUMBER 11 a.i.

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)

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|-----------------------------|------------------------------------|------------------------------------|
| Evangelos Mezariotis, MD 21 Ravona Street Clifton, NJ 07012-1521 | Clifton Othopedic Assn. | 7/8/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| David I. Kingsley, MD 15 Whitewood Road Edison, NJ 08820 | Edison Radiology Group | 7/8/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| David A. Ingis, MD 4 Shelton Place Moorestown, NJ 08057 | Burlington Cty Internal Med | 7/18/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| James B. Loftus, III, MD 8 West 78th Street Harvey Cedars, NJ 08008 | Green Anesthetic Assc. | 8/21/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Rita Weinstein, MD 603 Cranberry Road East Brunswick, NJ 08816 | Self-Employed | 8/28/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Harry M. Woske, MD 1100 Wescott Drive Plenimington, NJ 08822 | Hunterd: Cardiology | 8/27/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Albert C. Dearden, MD 1601 Tilton Road Morristown, NJ 08853 | Self-Employed | 8/27/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | Aggregate Year-to-Date > \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional) \$1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11 & 1.

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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 |
|--|--------------------------------|------------------------------------|------------------------------------|
| Salvatore Sciafani, MD 13 Toberon Drive Holmdel, NJ 07733 | Edison Anesthesia Assoc. | 9/4/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Walter D Alonzo, MD 100 Carnie Blvd. Voorhees, NJ 08043 | South Jersey Radiology Ass. | 8/28/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Michael H. Schmidt, MD 1600 Parker Avenue Fort Lee, NJ 07024 | Self-Employed | 8/29/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Edgar Braunstein, MD PO Box 7266 North Bergen, NJ 07047 | Self Employed | 9/3/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Loleta Palac Marfori, MD 33 Shady Nook Drive Toms River, NJ 08753 | Toms River Anes. Association | 9/4/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Gary J. Drillings, MD PO Box 156 Lincoln Park, NJ 07035 | Self Employed | 9/5/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Kathleen Heffernan, MD 68 Johnson Drive Chatham, NJ 07928 | Summit Medical Group | 9/9/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | Aggregate Year-to-Date > \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional)

\$1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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)

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|-------------------------|------------------------------------|------------------------------------|
| David M. Anapolle, MD 220 Sunset Road Willingboro, NJ 08046 | Ranocas Orthopedic Ass | 9/9/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Antonio Co. MD 5 Rio Vista Drive Edison, NJ | Edison Anesthesia | 9/11/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Janet S. Levick, MD PO Box 96 Teaneck, NJ 07666-0096 | Self Employed | 9/12/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Robert More, MD PO Box 467 Oldwick, NJ 08858 | Self- Employed | 7/16/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Luis A. Cervantes, MD 110 Marter Avenue Moorestown, NJ 08057 | Self- Employed | 8/23/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| James E. Pancurak, MD 3315 Long Point Drive Toms River, NJ 08753 | Self-Employed | 9/4/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation 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 |
| Naim Nazha, MD 222 New Road Linwood, NJ 08221 | Self-Employed | 9/11/96 | 250.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | Aggregate Year-to-Date > \$ 250.00 | |

SUBTOTAL of Receipts This Page (optional) \$1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 & I.

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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 |
|--|-----------------------------|-------------------------|------------------------------------|
| Paul A. Liva, MD 391 Summit Avenue Hackensack, NJ 07601 | Self-Employed | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | 9/16/96 | 250.00 |
| | 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 |
| Bruce R. Berg, MD 11 Woods End Ocean, NJ 07712-4180 | Self-Employed | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | 9/16/96 | 250.00 |
| | 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 A. DeBell, MD 245 Lexington Avenue Passaic, NJ 07055 | Self-Employed | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | 9/16/96 | 250.00 |
| | 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 |
| Martin George Jacobs, MD 769 Northfield Avenue West Orange, NJ 07052 | Self-Employed | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | 9/17/96 | 250.00 |
| | 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 |
| B. Allen Weiss, MD 22 Madison Avenue Paramus, NJ 07655 | NJ Surgeons Associations | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | 9/18/96 | 250.00 |
| | 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 |
| Anthony G. Campo, Jr., MD One Coral Lane Ocean City, NJ 08226 | Self-Employed | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | 9/20/96 | 100.00 |
| | Aggregate Year-to-Date > \$ | 300.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Michael Distefano, MD 155 Polifly Road Hackensack, NJ 07601-1749 | Self-Employed | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Occupation Physician | 9/12/96 | 250.00 |
| | Aggregate Year-to-Date > \$ | 250.00 | |

SUBTOTAL of Receipts This Page (optional)

\$1600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 5

FOR LINE NUMBER 11 & I.

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NAME OF COMMITTEE (In Full)

New Jersey Medical Political Action Committee (JEMPAC)

| A. Full Name, Mailing Address and ZIP Code Robert H. Bleicher, MD 5 Oak Hill Drive Wayne, NJ 07470 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Name of Employer Self Employed Occupation Physician Aggregate Year-to-Date > \$250.00 | Date (month, day, year) 9/25/96 | Amount of Each Receipt this Period 250.00 |
|---|--|------------------------------------|--|
| B. Full Name, Mailing Address and ZIP Code Frederick George, MD 414 Tatum Street Woodbury, NJ 08096 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Name of Employer Orthopaedic Assoc of Woodbury, P.A. Occupation Physician Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 9/25/96 | Amount of Each Receipt this Period 250.00 |
| C. Full Name, Mailing Address and ZIP Code Ivan Jacobs, MD 40 Sterling Road Watchung, NJ 07060 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Name of Employer Eye Care & Surgical Center Occupation Physician Aggregate Year-to-Date > \$250.00 | Date (month, day, year) 8/7/96 | Amount of Each Receipt this Period 250.00 |
| D. Full Name, Mailing Address and ZIP Code Augusto C. Javier, MD 1821 Oak Tree Road Edison, NJ 08820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership | Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$250.00 | Date (month, day, year) 8/30/96 | Amount of Each Receipt this Period 250.00 |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Occupation Aggregate Year-to-Date > \$ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 1,000.00 |
| TOTAL This Period (last page this line number only) | 7,850.00 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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

| A. Full Name, Mailing Address and ZIP Code Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311 | Name of Employer N/A | Date (month, day, year) 7/31/96 | Amount of Each Receipt this Period 12.00 |
|--|-----------------------------|--|---|
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest | | Occupation | |
| | | Aggregate Year-to-Date > \$ | |
| B. Full Name, Mailing Address and ZIP Code Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311 | Name of Employer N/A | Date (month, day, year) 8/30/96 | Amount of Each Receipt this Period 11.23 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest | | Occupation | |
| | | Aggregate Year-to-Date > \$ | |
| C. Full Name, Mailing Address and ZIP Code Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311 | Name of Employer N/A | Date (month, day, year) 9/30/96 | Amount of Each Receipt this Period 11.61 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest | | Occupation | |
| | | Aggregate Year-to-Date > \$ 100.42 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | |
| | | Aggregate Year-to-Date > \$ | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | |
| | | Aggregate Year-to-Date > \$ | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | |
| | | Aggregate Year-to-Date > \$ | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | Occupation | |
| | | Aggregate Year-to-Date > \$ | |

| | |
|---|-------|
| SUBTOTAL of Receipts This Page (optional) | 34.84 |
| TOTAL This Period (last page this line number only) | 34.84 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 22

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)

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Funds raised through joint fund raising efforts | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| AMPAC 1101 Vermont Avenue N.W. 12 Floor Washington, D.C. 20005 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 7/8/96 | 650.00 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Funds raised through joint fund raising efforts | Date (month, day, year) | Amount of Each Disbursement This Period |
| AMPAC 1101 Vermont Avenue N.W. 12 floor Washington, D.C. 20005 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 8/6/96 | 1150.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Funds raised through joint fund raising efforts | Date (month, day, year) | Amount of Each Disbursement This Period |
| AMPAC 1101 Vermont Avenue N.W. 12th floor Washington, D.C. 20005 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 9/12/96 | 50.00 |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Funds raised through joint fund raising efforts | Date (month, day, year) | Amount of Each Disbursement This Period |
| AMPAC 1101 Vermont Avenue N.W. 12 floor Washington, D.C. 20005 | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 9/12/96 | 1150.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
| | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |

3,000.00

SUBTOTAL of Disbursements This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Friends of Jim Saxton P.O. Box 795 Mt Holly, NJ 08060 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 2500.00 |
| B. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congressman Chris Smith 2333 Whitehorse Mercerville Road Hamilton, NJ 08619 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 2500.00 |
| C. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congresswoman Marge Roukema P.O. Box 625 Ridgewood, NJ 07451 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 2000.00 |
| D. Full Name, Mailing Address and ZIP Code Pallone for Congress P.O. Box 3176 Long Branch, NJ 07740 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 3000.00 |
| E. Full Name, Mailing Address and ZIP Code Franks for Congress Committee P.O. Box 661 New Providence, NJ 07974 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 2000.00 |
| F. Full Name, Mailing Address and ZIP Code Pascrell for Congress 63 Quartz Lane Paterson, NJ 07501 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 2500.00 |
| G. Full Name, Mailing Address and ZIP Code Martini for Congress 1064 Pompton Avenue Cedar Grove, NJ 07009 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 1000.00 |
| H. Full Name, Mailing Address and ZIP Code Rothman for Congress P.O. Box 714 Hackensack, NJ 07602 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 3000.00 |
| I. Full Name, Mailing Address and ZIP Code Frelinghuysen for Congress P.O. Box 826 Morristown, NJ 07960 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 4000.00 |

22,500.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

New Jersey Medical Political Action Committee (JEMPAC)

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Torrice for US Senate, Inc. 41 Baynard Street 2nd floor New Brunswick, NJ 08903 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/13/96 | 5000.00 |
| B. Full Name, Mailing Address and ZIP Code Pascrell for Congress 63 Quartz Lane Paterson, NJ 07501 | Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | 9/27/96 | 2500.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

30,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Ronald W. DeCoff 1692 Pennington Road Ewing, NJ 08618-1315 | Legislative Club Pins Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) | 8/22/96 | 588.13 |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

588.13

TOTAL This Period (last page this line number only)

588.13

**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 <i>10/15/94</i> |
| <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 and Registration | DATE OF RECEIPT |
| <input type="checkbox"/> Received from the Senate Office of Public Records | DATE OF RECEIPT |
| <input type="checkbox"/> Other (Specify): | POSTMARKED |
| | and/or DATE OF RECEIPT |

JMH
 PREPARER

10/15/94
 DATE PREPARED