

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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01/26/2000 11 : 03

1. NAME OF COMMITTEE (in full) New Jersey Medical Political Action Committee (JEM-PAC)	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Two Princess Road	2. FEC IDENTIFICATION NUMBER C00039123
CITY, STATE, and ZIP CODE Lawrenceville NJ 08648	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report Twelfth day report preceding _____
(election type)
- July 31 Mid-Year Report (Non-election Year Only) election on _____ In the State of _____
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/1999</u> through <u>12/31/1999</u>		
6. (a) Cash on Hand, January 1, <u>1999</u>		11484.80
(b) Cash on Hand at Beginning of Reporting Period	14674.84	
(c) Total Receipts (from line 19)	7433.79	18075.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22108.63	27540.62
7. Total Disbursements (from line 30)	11318.22	16750.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10750.41	10790.41
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 989 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.		
Type or Print Name of Treasurer Electronically Filed by Barbara S. Mihalik, Asst. Treasurer		
Signature of Treasurer	Date 01/26/2000	

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE New Jersey Medical Political Action Committee (JEM-PAC)		REPORT COVERING PERIOD FROM 07/01/1999 TO: 12/31/1999	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	2350.00	6650.00	11.a.i.
ii. Unitemized	5005.00	9078.00	11.a.ii.
iii. Total	7355.00	15928.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	7355.00	15928.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	78.79	147.86	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	7433.79	16075.86	19.
20. Total Federal Receipts	7433.79	16075.86	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	1468.22	1900.21	21.b.
c. Total Operating Expenditures	1468.22	1900.21	21.c.
22. Transfers to Affiliated/Other Party Committees	3850.00	5350.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	6000.00	9500.00	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	11318.22	16750.21	30.
31. Total Federal Disbursements	11318.22	16750.21	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	7355.00	15928.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	7355.00	15928.00	34.
35. Total Federal Operating Expenditures	1468.22	1900.21	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	1468.22	1900.21	37.

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 7
				FOR LINE NUMBER 11A1	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) New Jersey Medical Political Action Committee (JEMPAC)					
Full Name, Mailing Address, and ZIP Code Toufic Bouchert, MD 41 Whitridge Road Summit NJ 07901		Name of Employer Summit Anesthesia Association		Date (month, day, year) 07/07/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation physician			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code David G. Butler, MD 8 Ridge Road Norwood NJ 07846		Name of Employer self-employed		Date (month, day, year) 07/07/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation physician			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Marc Malberg, MD 182 Autumn Hill Road Princeton NJ 08540		Name of Employer self-employed		Date (month, day, year) 07/07/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation physician			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Enrico N. Miguelino, MD PO Box 305 Summit NJ 07901		Name of Employer Summit Anesthesia Association		Date (month, day, year) 07/07/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation physician			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Victor Casas, MD 27 Knob Hill Road Roseland NJ 07068		Name of Employer self-employed		Date (month, day, year) 07/14/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation physician			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Louis J. Petracca, MD 332 Bloomfield Ave. Bloomfield NJ 07008		Name of Employer self-employed		Date (month, day, year) 07/20/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation physician			
		Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Austin H. Kutscher, Jr., MD 48 Bonnell Street Flemington NJ 08822		Name of Employer Hunterdon Cardiovascular Assoc.		Date (month, day, year) 08/06/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation physician			
		Aggregate Year-to-Date > \$ 250.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 7
			FOR LINE NUMBER 11A1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name, Mailing Address, and ZIP Code David M. Rosenheck, MD 1140 Donarry Glen Scotch Plains NJ 07076	Name of Employer self-employed	Date (month, day, year) 08/18/1998	Amount of Each Receipt this Period 250.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Gene S. Rosenberg, MD 507 Forest Avenue Teaneck NJ 07866	Name of Employer self-employed	Date (month, day, year) 09/21/1999	Amount of Each Receipt this Period 250.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Michael J. Berck, MD 711 Westminster Avenue Elizabeth NJ 07208	Name of Employer self-employed	Date (month, day, year) 11/17/1998	Amount of Each Receipt this Period 100.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 350.00		

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SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	2350.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 7
			FOR LINE NUMBER 21B
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) New Jersey Medical Political Action Committee (JEMPAC)			
Full Name, Mailing Address, and ZIP Code Medical Society of New Jersey 2 Princess Road Lawrenceville NJ 08846	Purpose of Disbursement Mailing Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/17/1998	Amount of Each Disbursement This Period 1457.15
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			1457.15

SCHEDULE B		ITEMIZED DISBURSEMENTS		6 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page		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)				
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fundraising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 07/07/1998	Amount of Each Disbursement This Period 1850.00	
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/04/1998	Amount of Each Disbursement This Period 700.00	
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/23/1998	Amount of Each Disbursement This Period 350.00	
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/12/1998	Amount of Each Disbursement This Period 200.00	
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/12/1998	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/09/1998	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/09/1998	Amount of Each Disbursement This Period 50.00	
Full Name, Mailing Address, and ZIP Code AMPAC 1101 Vermont Avenue Washington DC 20005	Purpose of Disbursement joint fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/14/1998	Amount of Each Disbursement This Period 300.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				3850.00

SCHEDULE B		ITEMIZED DISBURSEMENTS		7 / 7
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 23	
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NAME OF COMMITTEE (In Full) New Jersey Medical Political Action Committee (JEMPAC)				
Full Name, Mailing Address, and ZIP Code Palone for Congress PO Box 3178 Long Branch NJ 07740	Purpose of Disbursement Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/17/1998	Amount of Each Disbursement This Period 500.00	
Full Name, Mailing Address, and ZIP Code Committee to Re-elect Marge Roukema Po Box 825 Ridgewood NJ 07451	Purpose of Disbursement Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/29/1998	Amount of Each Disbursement This Period 2000.00	
Full Name, Mailing Address, and ZIP Code Bob Franks for Senate Po Box 2127 Red Bank NJ 07701	Purpose of Disbursement Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/08/1998	Amount of Each Disbursement This Period 3000.00	
Full Name, Mailing Address, and ZIP Code Joel M. Weingarten for Congress PO Box 100 Milburn NJ 07041	Purpose of Disbursement Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 12/23/1998	Amount of Each Disbursement This Period 500.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			6000.00	