

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 10
04/14/2000 09 : 04

1. NAME OF COMMITTEE (in full) New Jersey Medical Political Action Committee (JEM-PAC)		2. FEC IDENTIFICATION NUMBER C00039123
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 checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Twelfth day report preceding _____
(election type) _____
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 <u>01/01/2000</u> through <u>03/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		10790.41
(b) Cash on Hand at Beginning of Reporting Period	10790.41	
(c) Total Receipts (from line 19)	17864.39	17864.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28654.80	28654.80
7. Total Disbursements (from line 30)	1370.09	1370.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27284.71	27284.71
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 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)	0.00	

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 04/14/2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE New Jersey Medical Political Action Committee (JEM-PAC)	REPORT COVERING PERIOD		
	FROM 01/01/2000	TO: 03/31/2000	
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)	9000.00	9000.00	11.a.i.
ii. Unitemized	8820.00	8820.00	11.a.ii.
iii. Total	17820.00	17820.00	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	17820.00	17820.00	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.)	44.39	44.39	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	17864.39	17864.39	19.
20. Total Federal Receipts	17864.39	17864.39	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	20.09	20.09	21.b.
c. Total Operating Expenditures	20.09	20.09	21.c.
22. Transfers to Affiliated/Other Party Committees	350.00	350.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1000.00	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	1370.09	1370.09	30.
31. Total Federal Disbursements	1370.09	1370.09	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	17820.00	17820.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	17820.00	17820.00	34.
35. Total Federal Operating Expenditures	20.09	20.09	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	20.09	20.09	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 10
			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 Joseph Barreal MD 68 Johnson Drive Chelham Twp. NJ 07928 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Louis Keeler MD 140 Partree Road Cherry Hill NJ 08003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Jersey Kidney Specialists	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Paul A Live MD Hackensack Eye Surgery Center 391 Summit Ave. Hackensack NJ 07601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Evangelos Megariotis MD 98 Edgewood Avenue Clifton NJ 07012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Clifton Orthopedic Assoc.	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Gastone Anthony Milano MD 1 So. Brighton Avenue Atlantic City NJ 08401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Thomas J O'Dowd MD 120 Carrie Blvd. Voorhees NJ 08043 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Vincent S Panella MD 205 McKenna Drive Norwood NJ 07646 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
	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 / 10
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Rita Rothfelsch MD 51 Yorktown Road East Brunswick NJ 08816 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mark A Schaeffer MD 17 Rosewood Court Princeton Junction NJ 08550 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Princeton Internal Medicine Assoc. PC	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Sander M Cohen MD 508 So Lenola Road SU-11 Moorestown NJ 08057 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer South Jersey Eye Physicians	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Elizabeth Crandal MD 580 Prospect Street PO Box 202 Maplewood NJ 07040 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code J.Gerald Crowley MD 1334 Mallard Drive Martinsville NJ 08836 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Michael Morris Heeg MD 3120 Princeton Pike Trenton NJ 08648 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code George J Hill MD 3 Silver Spring Road West Orange NJ 07052 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
	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	5 / 10
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Paul J Hirsch MD 720 US Highway 202-206 Bridgewater NJ 08807 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Austin H. Kulscher Jr. MD Hunderdon Cardiovascular Assoc. 1100 Westcott Dr Flemington NJ 08822 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Karl S. Lerner MD 17 Jauncey Avenue North Arlington NJ 07031 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Stephen J. Pilipshen MD 8 Innes Court Mt. Laurel NJ 08054 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Colon & Rectal Surg. Ctr. Of So. Jersey Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code Carl L. Raso MD 32 Chestnut Drive Cats Neck NJ 07722 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code William Edward Ryan MD 104 Hessian Hill Drive Pennington NJ 08534 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Congress Chris Smith Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00
Full Name, Mailing Address, and ZIP Code R. Gregory Sachs MD 92 Mountain Avenue Summit NJ 07901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Summit Medical Group Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 03/14/2000	Amount of Each Receipt this Period 250.00

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 10
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Sunil K Singh MD Neurology Headache & Pain Ct. 1801 New Road Linwood NJ 08221	Name of Employer self	Date (month, day, year) 03/14/2000	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 T. Snyder MD Rancocas Med. Center 1000 Salem Rd. Willingboro NJ 08046	Name of Employer self	Date (month, day, year) 03/14/2000	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 Elizabeth Bussard MD 127 Old York Road Ringoes NJ 08551	Name of Employer self	Date (month, day, year) 03/20/2000	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 Anthony P Cagliano Jr. MD 123 Highland Ave. Glen Ridge NJ 07028	Name of Employer self	Date (month, day, year) 03/20/2000	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 Dale E Edlin MD 628 Shrewsbury Ave. Red Bank NJ 07701	Name of Employer self	Date (month, day, year) 03/20/2000	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 Eric Steven Englestein MD 7 Louis Drive Budd Lake NJ 07828	Name of Employer self	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Louis G Fares II MD 6 Oxford Court Lawrenceville NJ 08648	Name of Employer self	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	7 / 10
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code William V Harer MD 241 W. Kings Hwy. Haddonfield NJ 08033 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Walter J Kahn MD 16 Tuxedo Road Rumson NJ 07760 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Jerome A Molitor MD 480 Cherry Lane Mendham NJ 07945 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Fred M Palace MD 108 Lindsley Ave Basking Ridge NJ 07920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Morris Imaging Assoc.	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Gene S Rosenberg MD 507 Forest Avenue Teaneck NJ 07806 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code James Salwitz MD 3 Crommein Court East Brunswick NJ 08816 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/20/2000	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Harry M. Carnes MD 272 W. Atlantic Avenue Audubon NJ 08106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 250.00
	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	8 / 10
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) New Jersey Medical Political Action Committee (JEMPAC)		
Full Name, Mailing Address, and ZIP Code Letitia V. DeCastro MD 565 New Brunswick Ave. Fords NJ 08863	Name of Employer Clara Barton Cardio Med. Grp. Occupation Physician	Date (month, day, year) 03/28/2000 Amount of Each Receipt This Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 250.00	
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		9000.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	9 / 10
			FOR LINE NUMBER 22
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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 fund raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 03/23/2000	Amount of Each Disbursement This Period 350.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			350.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	10 / 10
		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 PASCARELL FOR CONGRESS 63 QUARTZ LANE PATERSON NJ 07501	Purpose of Disbursement Candidate Support (House - NJ - 08) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 03/10/2000 Amount of Each Disbursement This Period 1000.00
SUBTOTALS of Disbursements This Page (Optional)		
TOTALS This Period (last page this line number only)		1000.00