

JEMPAC

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

December 6, 1994

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

Dear Sir:

Enclosed please find the New Jersey Medical Political Action Committee's (JEMPAC) Thirtieth day report following the General Election on November 8, 1994 in the State of New Jersey.

Sincerely yours,

Barbara S. Mihalik

Barbara S. Mihalik
Executive Director/
Assistant Treasurer

BSM
Enclosure

c: NJ Election Section (Department of State)

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 as a PERSONAL CHECK. Contributions are not reported to the suggested association. Neither the ABA nor the Medical Society of New Jersey will favor or disadvantage anyone based on the amounts 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 restrictions of FEC Regulations, Sections 110.1, 110.2, and 110.5 (Federal regulations require file notice).

94039480477

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MARKING LABEL OR TYPE OR PRINT

Dec 8 10 30 AM '94

1. NAME OF COMMITTEE (in full) New Jersey Medical Political Action Committee (JEMPAC)	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Two Princess Road	2. FEC IDENTIFICATION NUMBER C 000 39123
CITY, STATE and ZIP CODE Lawrenceville, New Jersey 08648	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- July 15 Quarterly Report February 20 June 20 October 20
 October 15 Quarterly Report March 20 July 20 November 20
 January 31 Year End Report April 20 August 20 December 20
 July 31 Mid Year Report (Non-election Year Only) 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
November 8, 1994 in the State of New Jersey
- Termination Report

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>Oct 20, 1994</u> through <u>Nov. 28, 1994</u>		
6. (a) Cash on Hand January 1, <u>1994</u>		\$ 16,062.94
(b) Cash on Hand at Beginning of Reporting Period	\$ 18,258.69	
(c) Total Receipts (from Line 19)	\$ 15,360.00	\$ 90,660.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 33,618.69	\$ 106,723.69
7. Total Disbursements (from Line 30)	\$ 2,000.00	\$ 75,105.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 31,618.69	\$ 31,618.69
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 OFFICER Assistant Treasurer Barbara S. Mihalik	Date
Signature of Treasurer Assistant Treasurer <i>Barbara S. Mihalik</i>	Date 12/6/94

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

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 10/20/94 TO 11/28/94	
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)	2,750.00	45,750.00
ii.	Unitemized	12,210.00	44,400.00
ii.	Total	14,960.00	90,150.00
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions	14,960.00	90,150.00
12.	Transfers From Affiliated/Other Party Committees	400.00	450.00
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.)	-0-	60.75
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19.	Total Receipts	15,360.00	90,660.75
20.	Total Federal Receipts	15,360.00	90,660.75
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	-0-	-0-
ii.	Non-Federal Share	-0-	-0-
b.	Other Federal Operating Expenditures	-0-	-0-
c.	Total Operating Expenditures	-0-	-0-
22.	Transfers to Affiliated/Other Party Committees	2,000.00	21,605.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	-0-	53,500.00
24.	Independent Expenditures (use Schedule E)	-0-	-0-
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-
26.	Loan Repayments Made	-0-	-0-
27.	Loans Made	-0-	-0-
28.	Refunds of Contributions To:		
a.	Individuals/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	-0-	-0-
29.	Other Disbursements	-0-	-0-
30.	Total Disbursements	2,000.00	75,105.00
31.	Total Federal Disbursements	2,000.00	75,105.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	14,960.00	90,150.00
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	14,960.00	90,150.00
35.	Total Federal Operating Expenditures	-0-	-0-
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37.	Net Operating Expenditures	-0-	-0-

C A C R O A B A 7 0

11(a)(1)
11(a)(2)
11(a)(3)
11(b)
11(c)
11(d)
12
13
14
15
16
17
18
19
20
21(a)(1)
21(a)(2)
21(b)
21(c)
22
23
24
25
26
27
28(a)
28(b)
28(c)
28(d)
29
30
31
32
33
34
35
36
37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
1	2
FOR LINE NUMBER	
1a.1	

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 Michael B. Reilly, M.D. 223 N. Van Dien Avenue Ridgewood, NJ 07450	Name of Employer Self-Employed	Date (month, day, year) 10/24/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	
Aggregate Year-to-Date > \$ 250.00			
B. Full Name, Mailing Address and ZIP Code Jeremias Dzyk, M.D. 15 Clinton Lane Scotch Plains, NJ 07076	Name of Employer Self-Employed	Date (month, day, year) 10/27/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	
Aggregate Year-to-Date > \$ 250.00			
C. Full Name, Mailing Address and ZIP Code Allan J. Scher, M.D. 8 Lord William Penn Drive Morristown, NJ 07960	Name of Employer Self-Employed	Date (month, day, year) 10/26/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	
Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code Steven L. Rodis, M.D. 1205 North High St. Hillville, NJ 08332	Name of Employer Self-Employed	Date (month, day, year) 10/31/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	
Aggregate Year-to-Date > \$ 250.00			
E. Full Name, Mailing Address and ZIP Code Michael G. Absatz, M.D. 35 Gilbert St. South Tinton Falls, NJ 07724	Name of Employer Self-Employed	Date (month, day, year) 11/2/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	
Aggregate Year-to-Date > \$ 250.00			
F. Full Name, Mailing Address and ZIP Code Robert B. Grossman, M.D. 35 Gilbert St., South Tinton Falls, NJ 07724	Name of Employer Self-Employed	Date (month, day, year) 11/2/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	
Aggregate Year-to-Date > \$ 250.00			
G. Full Name, Mailing Address and ZIP Code Cary D. Glastein, M.D. 35 Gilbert Street South Tinton Falls, NJ 07724	Name of Employer Self-Employed	Date (month, day, year) 11/2/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	
Aggregate Year-to-Date > \$ 250.00			

SUBTOTAL of Receipts This Page (optional)	1,750.00
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 2

FOR LINE NUMBER 118.1

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 (JRM PAC)

9
4
8
3
0
4
9

<p>A. Full Name, Mailing Address and ZIP Code Louis G. Fares, II, M.D. 6 Oxford Ct. Lawrenceville, NJ 08648</p>	<p>Name of Employer Self-Employed Occupation Physician</p>	<p>Date (month, day, year) 11/2/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>		
<p>B. Full Name, Mailing Address and ZIP Code Allan I. Gardner, M.D. 32 Franklin St. Morristown, NJ 07960</p>	<p>Name of Employer Self-Employed Occupation Physician</p>	<p>Date (month, day, year) 11/2/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>		
<p>C. Full Name, Mailing Address and ZIP Code Mitchel Berstein, M.D. 2035 Hamburg Turnpike Wayne, NJ 07470-6230</p>	<p>Name of Employer Self-Employed Occupation Physician</p>	<p>Date (month, day, year) 11/8/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>		
<p>D. Full Name, Mailing Address and ZIP Code Lewis P. Stolman, M.D. 290 South Livingston Ave Livingston, NJ 07039</p>	<p>Name of Employer Self-Employed Occupation Physician</p>	<p>Date (month, day, year) 11/8/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Aggregate Year-to-Date > \$ 250.00</p>		
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Name of Employer Occupation</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) 2,750.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER
12

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)

C O A U N C I L

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AMPAC 1101 Vermont Avenue, N.W. Washington, D.C. 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Refund for John E.	Occupation Aggregate Year-to-Date \$ 450.00	11/3/94	400.00
B. Full Name, Mailing Address and ZIP Code Gatti, M.D. and William W. Wynn, M.D.	Name of Employer Occupation Aggregate Year-to-Date \$	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):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date \$	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):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date \$	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):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date \$	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):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date \$	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):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Aggregate Year-to-Date \$	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):			

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	400.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

94039480483

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Avenue, N.W. Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/1/94	1,750.00
AMPAC 1101 Vermont Avenue, N.W. Washington, D.C. 20005	Funds raised through joint fundraising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	11/1/94	250.00
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)	
TOTAL This Period (last page this line number only)	2,000.00

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.

Hand Delivered

DATE OF RECEIPT

12-8-94

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

Sub.
PREPARER

12-8-94

DATE PREPARED

9 4 0 3 9 0 8 0 4 R 4