23037951483

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL
OPERATIONS CENTER
2003 JAN 30 P 12:48
Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. — 12FE4M5

NEW JERSEY DENTAL ASSOCIATION FEDERAL PAC

ADDRESS (number and street) ▼ ONE DENTAL PLAZA PO BOX 6020

☐ Check if different than previously reported. (ACC)

NORTH BRUNSWICK | NJ | 08902 - 6020

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00326918

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)	☐ May 20 (M5)	☐ Aug 20 (M8)	☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3)	☐ Jun 20 (M6)	☐ Sep 20 (M9)	☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4)	☐ Jul 20 (M7)	☐ Oct 20 (M10)	☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on ___ / ___ / ___ in the State of ___

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on ___ / ___ / ___ in the State of ___

5. Covering Period 12 / 01 / 2002 through 12 / 31 / 2002

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 Stanley Orenstein

Signature of Treasurer Stanley Orenstein Date 01 / 27 / 2003

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

Office Use Only							

FEC FORM 3X (Revised 1/01)

FE1AN042

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

NEW JERSEY DENTAL FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 12 / 01 / 2002 To: 12 / 31 / 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1, 2002		14 866 20
(b) Cash on Hand at Beginning of Reporting Period	5 441 20	
(c) Total Receipts (from Line 19)	1 350 00	11 555 00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6 821 20	25 821 20
7. Total Disbursements (from Line 30)	00	19 000 00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6 821 20	6 821 20
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	00	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

23037951485

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

NEW JERSEY DENTAL FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 12 / 01 / 2002 To: 12 / 31 / 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	175 00	
(ii) Unitemized	105 00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	280 00	10 455 00
(b) Political Party Committees	00	00
(c) Other Political Committees (such as PACs)	00	00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	280 00	10 455 00
12. Transfers From Affiliated/Other Party Committees	00	00
13. All Loans Received	00	00
14. Loan Repayments Received	00	00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 35, page 4)	00	00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1 100 00	1 100 00
17. Other Federal Receipts (Dividends, Interest, etc.)	00	00
18. Transfers from Nonfederal Account for Joint Activity	00	00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	1 380 00	11 555 00
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	1 380 00	11 555 00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	.00	.00
(ii) Non-Federal Share	.00	.00
(b) Other Federal Operating Expenditures	.00	.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	.00	.00
22. Transfers to Affiliated/Other Party Committees	.00	.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	.00	19,000.00
24. Independent Expenditures (use Schedule E)	.00	.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)	.00	.00
26. Loan Repayments Made	.00	.00
27. Loans Made	.00	.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	.00	.00
(b) Political Party Committees	.00	.00
(c) Other Political Committees (such as PACs)	.00	.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	.00	.00
29. Other Disbursements	.00	.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	.00	19,000.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	.00	.00

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	280.00	10,455.00
33. Total Contribution Refunds (from Line 28(d))	.00	.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	280.00	10,455.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	.00	.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	.00	.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶	.00	.00

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 1 OF 1

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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 DENTAL FEDERAL POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial): Dr. Thomas Morgenstern

Mailing Address: 234 Princeton-Hightstown Road

City: Hightstown State: NJ Zip Code: 08520

FEC ID number of contributing federal political committee: C00326918

Name of Employer: self-employed

Occupation: dentist

Receipt For: [X] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 175.00

Date of Receipt: 12 / 06 / 2002

Amount of Each Receipt this Period: 175.00

B.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼:

Date of Receipt: / /

Amount of Each Receipt this Period:

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer:

Occupation:

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼:

Date of Receipt: / /

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 175.00

FEC Schedule A (Form 3X) (Revised 1/01)

FSTAN042

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
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED (R/C) 1-24-03
☐	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
☐	Electronic Filing	

[illegible]	1-30-03
PREPARER	DATE PREPARED

(02/00)