

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 New Jersey Medical Political Action Committee (JEMPAC)

ADDRESS (number and street) Tyro Princess Road
 Check if different than previously reported. (ACC) Lawrenceville NJ 08848

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00039123

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

4. TYPE OF REPORT (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE)
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Election on Convention (12C) Special (12S)
 in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S)
 Election on
 in the State of
 Termination Report (TER) in the State of

5. Covering Period 01 01 2001 through 06 30 2001

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 Barbara S. Mihalik, Asst. Treasurer

Signature of Treasurer Electronically Filed by Barbara S. Mihalik, Asst. Treasurer Date 07 23 2001

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 1/2001)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^Y 2001		25905.53
(b) Cash on Hand at Beginning of Reporting Period	25905.53	
(c) Total Receipts (from Line 19)	4761.57	4761.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	30667.10	30667.10
7. Total Disbursements (from Line 30)	7633.17	7633.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	23033.93	23033.93
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

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 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: ^K01 ^D01 ^Y2001 To: ^K06 ^D30 ^Y2001

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)	1750.00	
(ii) Unitemized	2925.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	4675.00	4675.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	4675.00	4675.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	86.57	86.57
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	4761.57	4761.57
20. Total Federal Receipts (subtract Line 18 from Line 19)	4761.57	4761.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2033.17	2033.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2033.17	2033.17
22. Transfers to Affiliated/Other Party Committees.....	1800.00	1800.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3800.00	3800.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	7633.17	7633.17
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	7633.17	7633.17
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	4675.00	4675.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	4675.00	4675.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2033.17	2033.17
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	2033.17	2033.17

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 12	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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 (Last, First, Middle Initial)
A. Agro Angelo S. MD

Mailing Address
5B A Holly Cove
City State Zip Code
Mount Laurel NJ 08054

Date of Receipt
M / D / Y Y Y Y
01 / 10 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.5352

Full Name (Last, First, Middle Initial)
B. Case John A. MD

Mailing Address
208 Colfax Road
City State Zip Code
Wayne NJ 07470

Date of Receipt
M / D / Y Y Y Y
02 / 28 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.5368

Full Name (Last, First, Middle Initial)
C. Kahn Walter J. MD

Mailing Address
16 Tuxedo Road
City State Zip Code
Rumson NJ 07760

Date of Receipt
M / D / Y Y Y Y
01 / 19 / 2001

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.5358

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 12

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Keeler Sr Louis MD

Mailing Address
140 Partree Road

City State Zip Code
Cherry Hill NJ 08003

Date of Receipt
M / D / Y Y Y Y
04 / 16 / 2001

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 500.00

Amount of Each Receipt this Period
500.00

Transaction ID: SA11A1.5284

B. Full Name (Last, First, Middle Initial)
Kudryk Alexander B. MD

Mailing Address
216 Findeme Ave.

City State Zip Code
Bridgewater NJ 08807

Date of Receipt
M / D / Y Y Y Y
04 / 27 / 2001

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.5286

C. Full Name (Last, First, Middle Initial)
Ratcliff Joseph H. MD

Mailing Address
Suite L-63, Executive Mews

City State Zip Code
Cherry Hill NJ 08003

Date of Receipt
M / D / Y Y Y Y
03 / 21 / 2001

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.5376

SUBTOTAL of Receipts This Page (optional) ▶ **1000.00**

TOTAL This Period (last page this line number only) ▶ **1750.00**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. Medical Society of NJ Alliance		Date of Disbursement 02 / 21 / 2001	
Mailing Address Two Princess Road City Lawrenceville		State NJ	Zip Code 08648
Purpose of Disbursement Transportation Expenses		Amount of Each Disbursement this Period 2000.00	
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: 5B21B.5324	
State:	District:		

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
TOTAL This Period (last page this line number only)	▶	2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. AMPAC		Date of Disbursement 01 / 02 / 2001
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 200.00
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID: SB22.5312
State: District:		

Full Name (Last, First, Middle Initial) B. AMPAC		Date of Disbursement 02 / 01 / 2001
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID: SB22.5313
State: District:		

Full Name (Last, First, Middle Initial) C. AMPAC		Date of Disbursement 03 / 19 / 2001
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 100.00
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify)	Transaction ID: SB22.5314
State: District:		

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. AMPAC		Date of Disbursement 03 / 30 / 2001
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 350.00
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.5315
State: District:		

Full Name (Last, First, Middle Initial) B. AMPAC		Date of Disbursement 05 / 01 / 2001
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 150.00
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.5316
State: District:		

Full Name (Last, First, Middle Initial) C. AMPAC		Date of Disbursement 06 / 04 / 2001
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 450.00
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.5317
State: District:		

SUBTOTAL of Receipts This Page (optional) ▶	950.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/>	21b	<input checked="" type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	29

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

Full Name (Last, First, Middle Initial) A. AMPAC		Date of Disbursement 06 / 11 / 2001	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		
		Transaction ID: SB22.531B	

B.

C.

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	1800.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Ferguson for Congress		Date of Disbursement 02 / 15 / 2001	
Mailing Address PO Box 125 City State Zip Code Cliffside Park NJ 07010		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Support		Category/ Type	
Candidate Name Ferguson for Congress			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 7	Transaction ID: SB23.5323		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JIM SAXTON		Date of Disbursement 03 / 06 / 2001	
Mailing Address PO BOX 795 City State Zip Code MOUNT HOLLY NJ 08060		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Support		Category/ Type	
Candidate Name FRIENDS OF JIM SAXTON			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 03	Transaction ID: SB23.5328		

Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS		Date of Disbursement 05 / 18 / 2001	
Mailing Address PO BOX 3178 City State Zip Code LONG BRANCH NJ 07740		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Support		Category/ Type	
Candidate Name PALLONE FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 08	Transaction ID: SB23.5332		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
				<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. PASCRELL FOR CONGRESS		Date of Disbursement 03 / 23 / 2001	
Mailing Address 63 QUARTZ LANE City State Zip Code PATERSON NJ 07501		Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Candidate Support		Category/ Type	
Candidate Name PASCRELL FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 06	Transaction ID: SB23.5328		

Full Name (Last, First, Middle Initial) B. Torricelli for US Senate		Date of Disbursement 06 / 11 / 2001	
Mailing Address 1300 Connecticut Avenue N.W. Suite 800 City State Zip Code Washington DC 20038		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Support		Category/ Type	
Candidate Name Torricelli for US Senate			
Office Sought: House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District:	Transaction ID: SB23.5333		

C.

SUBTOTAL of Receipts This Page (optional)	1300.00
TOTAL This Period (last page this line number only)	3800.00