

**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 08648

2. **FEC IDENTIFICATION NUMBER** C00039123  
**3. IS THIS REPORT** X **NEW (N)** OR **AMENDED (A)**  
 CITY STATE ZIP CODE

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) Election on in the State of  
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: X General (30G) Runoff (30R) Special (30S)  
 Termination Report (TER) Election on 11 05 2002 in the State of NJ

5. Covering Period 10 17 2002 through 11 25 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 Barbara S. Mihalik, Asst. Treasurer  
 Signature of Treasurer Electronically Filed by Barbara S. Mihalik, Asst. Treasurer Date 12 03 2002

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

**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: <sup>Month</sup> 10 <sup>Day</sup> 17 <sup>Year</sup> 2002 To: <sup>Month</sup> 11 <sup>Day</sup> 25 <sup>Year</sup> 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Year</sup> 2002		18595.36
(b) Cash on Hand at Beginning of Reporting Period .....	41658.01	
(c) Total Receipts (from Line 19) .....	2353.69	63060.39
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	44011.70	81645.75
7. Total Disbursements (from Line 30) .....	6404.25	44038.30
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37607.45	37607.45
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 800-424-9530  
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: <sup>W</sup>10 <sup>D</sup>17 <sup>Y</sup>2002 To: <sup>W</sup>11 <sup>D</sup>25 <sup>Y</sup>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) .....	1250.00	
(ii) Unitemized .....	1100.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	2350.00	62915.00
(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) .....	2350.00	62915.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	105.00
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.) .....	3.69	40.39
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) .....	2353.69	63060.39
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	2353.69	63060.39

**DETAILED SUMMARY PAGE**

of Disbursements

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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.....	104.25	2838.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	104.25	2838.30
22. Transfers to Affiliated/Other Party Committees.....	1300.00	15500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	18500.00
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	7200.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	6404.25	44038.30
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	6404.25	44038.30
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	2350.00	62915.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	2350.00	62915.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	104.25	2838.30
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	104.25	2838.30

**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)

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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 Medical Political Action Committee (JEMPAC)

**A.** Full Name (Last, First, Middle Initial)  
Ajan George MMD  
Mailing Address  
5D1 Mortimer Court  
City State Zip Code  
Franklin Lakes NJ 07417-1063  
Date of Receipt  
N M / D E / Y Y Y Y  
1 0 / 2 2 / 2 0 0 2  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 500.00  
Name of Employer Occupation  
Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 500.00  
Transaction ID: SA11A1.6222

**B.** Full Name (Last, First, Middle Initial)  
Malberg Marc I MD  
Mailing Address  
182 Auburn Hill Road  
City State Zip Code  
Princeton NJ 08540-2912  
Date of Receipt  
N M / D E / Y Y Y Y  
1 0 / 2 2 / 2 0 0 2  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00  
Name of Employer Occupation  
Self Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Transaction ID: SA11A1.6220

**C.** Full Name (Last, First, Middle Initial)  
Ratch Steven M. MD  
Mailing Address  
16 Redcoat Drive  
City State Zip Code  
E. Brunswick NJ 08816-2759  
Date of Receipt  
N M / D E / Y Y Y Y  
1 1 / 1 8 / 2 0 0 2  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00  
Name of Employer Occupation  
Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Transaction ID: SA11A1.6234

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1000.00**  
**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 / 8	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
A. Sokolowski Joseph W MD

Mailing Address  
618 Chester Avenue

City State Zip Code  
Moorestown NJ 08057-1902

Date of Receipt  
N M / D E / Y Y Y Y  
10 / 18 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
250.00

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

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

Transaction ID: SA11A1.6218

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1250.00</b>

**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"/> 29
<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) <b>A. AMPAC</b>		Date of Disbursement 10 <sup>th</sup> / 18 <sup>th</sup> / 2002	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement Joint Fund Raising Efforts Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.6202

Full Name (Last, First, Middle Initial) <b>B. AMPAC</b>		Date of Disbursement 11 <sup>th</sup> / 20 <sup>th</sup> / 2002	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 600.00	
Purpose of Disbursement Joint Fund Raising Efforts Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.6203

Full Name (Last, First, Middle Initial) <b>C. AMPAC</b>		Date of Disbursement 11 <sup>th</sup> / 20 <sup>th</sup> / 2002	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Joint Fund Raising Efforts Candidate Name		Category/ Type	
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.6204

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1300.00</b>

**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) <b>A. Frank R Lautenberg</b>		Date of Disbursement 10 <sup>th</sup> : 29 : 2002	
Mailing Address 303 George Street, 6th Floor City State Zip Code New Brunswick NJ 08901		Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement		Category/ Type	
Candidate Name Frank R Lautenberg		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: House X Senate President	State: NJ District:	Transaction ID: SB23.8208	

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>5000.00</b>