

**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) **Two 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:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
<input checked="" type="checkbox"/> January 31 Quarterly Report(YE)	July 31 Mid-Year Report(Non-election Year Only) (MY)	Report for the:	Convention (12C)	Special (12G)		
Termination Report (TER)		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 07 01 2003 through 12 31 2003

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 Raymond Cantor

Signature of Treasurer Electronically Filed by Raymond Cantor Date 01 27 2004

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							
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		38263.71
(b) Cash on Hand at Beginning of Reporting Period .....	38561.85	
(c) Total Receipts (from Line 19) .....	2884.81	8182.95
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	41446.66	46446.66
<hr/>		
7. Total Disbursements (from Line 31) .....	12719.16	17719.16
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28727.50	28727.50
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
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 (Rev. 02/2003)

Page 3

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>12 <sup>D</sup>31 <sup>Y</sup>2003

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) .....	250.00	
(ii) Unitemized .....	800.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	1050.00	5925.00
(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 33, page 5) .....	1050.00	5925.00
12. Transfers From Affiliated/Other Party Committees .....	678.62	1088.62
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 37, page 5) .....	1146.93	1146.93
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	9.26	22.40
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	2884.81	8182.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2884.81	8182.95

**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.....	1769.16	1769.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	1769.16	1769.16
22. Transfers to Affiliated/Other Party Committees.....	650.00	1550.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	7100.00
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.....	7300.00	7300.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	12719.16	17719.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	12719.16	17719.16

**DETAILED SUMMARY PAGE**  
of Disbursements

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	1050.00	5925.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1050.00	5925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1769.16	1769.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	1146.93	1146.93
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	622.23	622.23

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 13	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial) A. Kathryn MD Peper		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address Spring Valley Road		Transaction ID: SA11A1.6561
City Morristown	State NJ	Zip Code 07960
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Family Health Center	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	250.00
TOTAL This Period (last page this line number only) .....	▶	250.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 13	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<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) <b>A. AMA Political Action Fund</b>		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address 1101 Vermont Ave		Transaction ID: SA12.6581
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 478.62
Name of Employer	Occupation	Expenses for staff to attend PAC seminar
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 478.62	

Full Name (Last, First, Middle Initial) <b>B. AMPAC</b>		Date of Receipt M / D / Y 08 / 01 / 2003
Mailing Address 1101 Vermont Avenue		Transaction ID: SA12.6572
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	joint fundraising efforts
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) <b>C. AMPAC</b>		Date of Receipt M / D / Y 08 / 28 / 2003
Mailing Address 1101 Vermont Avenue		Transaction ID: SA12.6573
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	joint fundraising efforts
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>678.62</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>678.62</b>

**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 8 / 13		
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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. American Medical Association		Date of Receipt M / D / Y 11 / 14 / 2003
Mailing Address 1101 Vermont Ave		Transaction ID: SA15.0575
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1146.93
Name of Employer	Occupation Trade Association	Expense Reimbursement
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1146.93	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1146.93</b>
TOTAL This Period (last page this line number only) .....	▶	<b>1146.93</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)				PAGE 9 / 13			
	<input checked="" type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) A. Carver's Cafe		Transaction ID: SB21B.6555 Date of Disbursement 12 / 01 / 2003	
Mailing Address 421 Wall St.		Amount of Each Disbursement this Period 402.80	
City Princeton	State NJ	Zip Code 08540	Category/ Type
Purpose of Disbursement lunch for JEMPAC meeting		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Heavenly Ham		Transaction ID: SB21B.6549 Date of Disbursement 08 / 21 / 2003	
Mailing Address 159 Mercer Mall		Amount of Each Disbursement this Period 265.62	
City Lawrenceville	State NJ	Zip Code 08648	Category/ Type
Purpose of Disbursement lunch for JEMPAC meeting		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Heavenly Ham		Transaction ID: SB21B.6551 Date of Disbursement 10 / 02 / 2003	
Mailing Address 159 Mercer Mall		Amount of Each Disbursement this Period 233.52	
City Lawrenceville	State NJ	Zip Code 08648	Category/ Type
Purpose of Disbursement Lunch for JEMPAC meeting		Candidate Name	
Office Sought: House Senate President State: District			
Disbursement For: Primary General Other (specify) ▼			

SUBTOTAL of Disbursements This Page (optional) .....	▶	901.94
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 checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
	27		28a		28b		28c		29		30b

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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 New Jersey		Transaction ID: SB21B.6548 Date of Disbursement 08 / 21 / 2003
Mailing Address 2 Princess Road		Amount of Each Disbursement this Period  747.92
City Lawrenceville	State NJ	
Zip Code 08648		
Purpose of Disbursement JEMPAC Pins		
Candidate Name		Category/ Type
Office Sought:	House Senate President	Disbursement For: Primary      General Other (specify) ▼
State:	District	

SUBTOTAL of Disbursements This Page (optional) .....	▶	747.92
TOTAL This Period (last page this line number only) .....	▶	1649.86

**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)					PAGE 11 / 13
	<input type="checkbox"/> 21b 27	<input checked="" type="checkbox"/> 22 28a	<input type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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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>		Transaction ID: SB22.6522 Date of Disbursement 07 / 18 / 2003
Mailing Address 1101 Vermont Avenue		Amount of Each Disbursement this Period  150.00
City Washington	State DC	
Zip Code 20005	Category/ Type	
Purpose of Disbursement Joint Fundraising Efforts	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>B. AMPAC</b>		Transaction ID: SB22.6523 Date of Disbursement 07 / 18 / 2003
Mailing Address 1101 Vermont Avenue		Amount of Each Disbursement this Period  50.00
City Washington	State DC	
Zip Code 20005	Category/ Type	
Purpose of Disbursement Joint Fundraising Efforts	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) <b>C. AMPAC</b>		Transaction ID: SB22.6529 Date of Disbursement 11 / 17 / 2003
Mailing Address 1101 Vermont Avenue		Amount of Each Disbursement this Period  450.00
City Washington	State DC	
Zip Code 20005	Category/ Type	
Purpose of Disbursement Joint Fundraising Efforts	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>650.00</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)				PAGE 12 / 13			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF JIM SAXTON</b>		Transaction ID: SB23.6534 Date of Disbursement 12 / 09 / 2003	
Mailing Address PO BOX 795			
City MOUNT HOLLY	State NJ	Zip Code 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 Senate President State: NJ District D3	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Lo Biondo for Congress</b>		Transaction ID: SB23.6531 Date of Disbursement 08 / 14 / 2003	
Mailing Address PO Box 550			
City Vineland	State NJ	Zip Code 08362	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement candidate support		Category/ Type	
Candidate Name Lo Biondo for Congress			
Office Sought: <input checked="" type="checkbox"/> House Senate President State: NJ District 2	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. PALLONE FOR CONGRESS</b>		Transaction ID: SB23.6532 Date of Disbursement 08 / 20 / 2003	
Mailing Address PO BOX 3176			
City LONG BRANCH	State NJ	Zip Code 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 Senate President State: NJ District D6	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>3000.00</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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Medical Action Committee		Transaction ID: SB29.6582 Date of Disbursement 07 / 18 / 2003
Mailing Address Two Princess Road		Amount of Each Disbursement this Period  100.00
City Lawrenceville	State NJ	
Zip Code 08648	Category/ Type	
Purpose of Disbursement corporate check deposited in error	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

Full Name (Last, First, Middle Initial) B. Medical Action Committee		Transaction ID: SB29.6544 Date of Disbursement 12 / 03 / 2003
Mailing Address Two Princess Road		Amount of Each Disbursement this Period  7200.00
City Lawrenceville	State NJ	
Zip Code 08648	Category/ Type	
Purpose of Disbursement contribution	Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional) .....	▶	7300.00
TOTAL This Period (last page this line number only) .....	▶	7300.00