

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

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 X 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)
 July 31 Mid-Year Report(Non-election Year Only) (MY) Election on Convention (12C) Special (12S) in the State of
 Termination Report (TER) (d) 30-Day Post -Election Report for the: General (30G) Runoff (30R) Special (30S) in the State of

5. Covering Period 01 01 2002 through 03 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 Barbara S. Mihalik, Asst. Treasurer
 Signature of Treasurer Electronically Filed by Barbara S. Mihalik, Asst. Treasurer Date 04 09 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: ^{Month} 01 ^{Day} 01 ^{Year} 2002 To: ^{Month} 03 ^{Day} 31 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		18595.36
(b) Cash on Hand at Beginning of Reporting Period	18585.36	
(c) Total Receipts (from Line 19)	20467.77	20467.77
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	39053.13	39053.13
7. Total Disbursements (from Line 30)	272.23	272.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38780.90	38780.90
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: ^{MM}01 ^{DD}01 ^{YYYY}2002 To: ^{MM}03 ^{DD}31 ^{YYYY}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)	15500.00	
(ii) Unitemized	4950.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	20450.00	20450.00
(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)	20450.00	20450.00
12. Transfers From Affiliated/Other Party Committees	5.00	5.00
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.)	12.77	12.77
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)	20467.77	20467.77
20. Total Federal Receipts (subtract Line 18 from Line 19)	20467.77	20467.77

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.....	22.23	22.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22.23	22.23
22. Transfers to Affiliated/Other Party Committees.....	250.00	250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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)..... ▶	272.23	272.23
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	272.23	272.23
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	20450.00	20450.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	20450.00	20450.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	22.23	22.23
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	22.23	22.23

**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 / 27	
	<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. Baratta Joseph B. MD

Mailing Address
1115 Clifton Ave
City: Clifton State: NJ Zip Code: 07013

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

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: SA11A1.5580

Full Name (Last, First, Middle Initial)
B. Barcovic Betty J. MD

Mailing Address
830 Raymond Rd Ste.21
City: Princeton State: NJ Zip Code: 08548

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

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: SA11A1.5578

Full Name (Last, First, Middle Initial)
C. Blester Robert J. MD

Mailing Address
21 Daylily Drive
City: Mount Laurel State: NJ Zip Code: 08054

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2002

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: SA11A1.5514

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 / 27

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)
Brotherton William MD

Mailing Address
14 Stonewall Road

City State Zip Code
Saddle River NJ 07458

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
HAAPA Physician

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

Transaction ID: SA11A1.5458

B. Full Name (Last, First, Middle Initial)
Budin Joel A. MD

Mailing Address
PO Box 4217

City State Zip Code
River Edge NJ 07661

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
self Physician

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

Transaction ID: SA11A1.5498

C. Full Name (Last, First, Middle Initial)
Bukosky Richard MD

Mailing Address
131 Stone Hill Road

City State Zip Code
Colts Neck NJ 07036

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
self Physician

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

Transaction ID: SA11A1.5534

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 7 / 27	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Caballero Percival MD

Mailing Address
423 Canistear Rd.

City State Zip Code
Stockholm NJ 07460

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

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: SA11A1.5576

Full Name (Last, First, Middle Initial)
B. Caggiano Anthony P. Jr. MD

Mailing Address
PO Box 43608

City State Zip Code
Montclair NJ 07043

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer UMDNJ-NJMS Occupation
Physician

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

Transaction ID: SA11A1.5510

Full Name (Last, First, Middle Initial)
C. Cocco Frank A. MD

Mailing Address
One Route 70

City State Zip Code
Lakewood NJ 08701

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

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: SA11A1.5625

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 8 / 27	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Cohen Sander M. MD

Mailing Address
5 Cameo Ct

City State Zip Code
Moorestown NJ 08057

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2002

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: SA11A1.5502

Full Name (Last, First, Middle Initial)
B. Calizza Wayne A. MD

Mailing Address
PO Box 1188

City State Zip Code
Denville NJ 07834

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2002

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: SA11A1.5552

Full Name (Last, First, Middle Initial)
C. Costabile Joseph P. MD

Mailing Address
36 Georgia O'Keefe Way

City State Zip Code
Marlton NJ 08053

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Surgical Group of South Jersey Occupation
Physician

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

Transaction ID: SA11A1.5596

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 27

(check only one)

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)
Durham Booth MD
Mailing Address
238 W. Summit Ave
City State Zip Code
Haddonfield NJ 08033
Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00
Name of Employer Occupation
South Jersey Dermatologist Assoc. Physician
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00
Transaction ID: SA11A1.5536

B. Full Name (Last, First, Middle Initial)
Edin Dale E. MD
Mailing Address
628 Shrewsbury Ave.
City State Zip Code
Red Bank NJ 07701
Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002
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: SA11A1.5572

C. Full Name (Last, First, Middle Initial)
Fanelle Joseph W. MD
Mailing Address
1200 N. High Street
City State Zip Code
Milville NJ 08332
Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002
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: SA11A1.5440

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 10 / 27	
	<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. Fares Louis G. II MD

Mailing Address
6 Oxford Ct.

City State Zip Code
Lawrenceville NJ 08648

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

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: SA11A1.5492

Full Name (Last, First, Middle Initial)
B. Franklin James MD

Mailing Address
3B Funston Ave.

City State Zip Code
Nutley NJ 07110

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

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: SA11A1.5808

Full Name (Last, First, Middle Initial)
C. Fuhman Robert A. MD

Mailing Address
552 Westfield Ave.

City State Zip Code
Westfield NJ 07090

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Paramount Medical Group Occupation
Physician

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

Transaction ID: SA11A1.5488

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 11 / 27	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Graff Michael A. MD

Mailing Address
26 Brookwillow Ave
City State Zip Code
West Long Branch NJ 07764

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

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: SA11A1.5586

Full Name (Last, First, Middle Initial)
B. Gimmett Brian L. MD

Mailing Address
2309 Evesham Road
City State Zip Code
Voorhees NJ 08043

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

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: SA11A1.5490

Full Name (Last, First, Middle Initial)
C. Gross Peter A. MD

Mailing Address
242 McKinley Place
City State Zip Code
Ridgewood NJ 07450

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

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: SA11A1.5582

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 12 / 27	
	<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. Haddad Ahmad J. MD

Mailing Address
3 Bay Hill Rd.

City State Zip Code
Leonardo NJ 07737

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

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: SA11A1.5482

Full Name (Last, First, Middle Initial)
B. Hartmann Anthony W. MD

Mailing Address
2 Wincot Ct.

City State Zip Code
Hillsborough NJ 08844

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Emergency Medical Assoc. Occupation
Physician

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

Transaction ID: SA11A1.5568

Full Name (Last, First, Middle Initial)
C. Hirsch Stuart A. MD

Mailing Address
720 US Hwy 202-206

City State Zip Code
Bridgewater NJ 08807

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Biosport Orthopedics Occupation
Physician

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

Transaction ID: SA11A1.5562

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 13 / 27	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Hong William MD

Mailing Address
1109 Beacon Ave.
City State Zip Code
Manahawkin NJ 08050

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

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: SA11A1.5472

Full Name (Last, First, Middle Initial)
B. Horowitz Philip MD

Mailing Address
508 So. Lenola Rd
City State Zip Code
Moorestown NJ 08057

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer So. Jersey Eye Physicians Occupation
Physician

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

Transaction ID: SA11A1.5522

Full Name (Last, First, Middle Initial)
C. Jacobs Ivan H. MD

Mailing Address
592 Springfield Ave
City State Zip Code
Westfield NJ 07090

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

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: SA11A1.5532

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

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

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name (Last, First, Middle Initial)
Javier Augusto C. MD

Mailing Address
1B21 Oak Tree

City State Zip Code
Edison NJ 08820

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

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: SA11A1.5637

B. Full Name (Last, First, Middle Initial)
Johnson Albert MD

Mailing Address
1D81 Route 22 West

City State Zip Code
Bridgewater NJ 08807

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Somerset Orthopaedic Assoc. PA Occupation
Physician

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

Transaction ID: SA11A1.5486

C. Full Name (Last, First, Middle Initial)
Kaplan Eliot MD

Mailing Address
21 Perry St.

City State Zip Code
Morristown NJ 07960

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

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: SA11A1.5584

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

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name (Last, First, Middle Initial)
Key Thomas R. MD
Date of Receipt
Mailing Address
255 Hartford Rd.
City State Zip Code
Medford NJ 08055
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00
Name of Employer self Occupation
Physician
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00
Transaction ID: SA11A1.5478

B. Full Name (Last, First, Middle Initial)
Kotler Mitchell MD
Date of Receipt
Mailing Address
17 Red Bank Ave. Ste 203
City State Zip Code
Woodbury NJ 08096
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00
Name of Employer self Occupation
Physician
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00
Transaction ID: SA11A1.5843

C. Full Name (Last, First, Middle Initial)
LaPort Stephen MD
Date of Receipt
Mailing Address
4 Laurel Ct.
City State Zip Code
North Caldwell NJ 07006
Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. 250.00
Name of Employer self Occupation
Immedicenter-Clifton Physician
Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00
Transaction ID: SA11A1.5845

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**
TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 27	
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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee (JEMPAC)

Full Name (Last, First, Middle Initial)
A. LaFrumento Mary Ann MD

Mailing Address
4 Colonial Way

City State Zip Code
Chatham NJ 07928

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Franklin Pediatrics Physician

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

Transaction ID: SA11A1.5639

Full Name (Last, First, Middle Initial)
B. McGee Paul A. MD

Mailing Address
55 Newton-Sparta Rd.

City State Zip Code
Newton NJ 07860

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self Physician

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

Transaction ID: SA11A1.5682

Full Name (Last, First, Middle Initial)
C. Meredith J. Mark J. MD

Mailing Address
Rt.532 SR Box 1231 A

City State Zip Code
Chatsworth NJ 08019

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self Physician

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

Transaction ID: SA11A1.5624

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

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 27	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Najmi Jansheed MD

Mailing Address
201 Union Ave.

City State Zip Code
Bridgewater NJ 08807

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

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: SA11A1.5494

Full Name (Last, First, Middle Initial)
B. Palace Fred M. MD

Mailing Address
108 Lindsley Road

City State Zip Code
Basking Ridge NJ 07920

Date of Receipt
M M / D D / Y Y Y Y
03 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Morris Imaging Assoc. Occupation
Physician

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

Transaction ID: SA11A1.5520

Full Name (Last, First, Middle Initial)
C. Patel Mark S. MD

Mailing Address
20 Prospect Ave.

City State Zip Code
Hackensack NJ 07601

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Memorial Oncology Assoc. PA Occupation
Physician

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

Transaction ID: SA11A1.5516

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)
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 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Petrosini Anthony MD

Mailing Address
310 Passaic Avenue
City State Zip Code
Spring Lake NJ 07762

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

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: SA11A1.5608

Full Name (Last, First, Middle Initial)
B. Ralner Irving P. MD

Mailing Address
105 Mews Lane
City State Zip Code
Cherry Hill NJ 08003

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Rancocas Orthopedic Assoc. Occupation
Physician

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

Transaction ID: SA11A1.5468

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

Mailing Address
One Carnie Blvd.
City State Zip Code
Voorhees NJ 08043

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

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: SA11A1.5610

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

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 / 27	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Reichman Joseph H. MD

Mailing Address
1830 State Hwy. 70
City State Zip Code
Cherry Hill NJ 08003

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2002

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: SA11A1.5619

Full Name (Last, First, Middle Initial)
B. Ricketti Anthony J. MD

Mailing Address
1542 Kuser Road
City State Zip Code
Trenton NJ 08619

Date of Receipt
M M / D D / Y Y Y Y
03 / 11 / 2002

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: SA11A1.5630

Full Name (Last, First, Middle Initial)
C. Rommer James A. MD

Mailing Address
349 E Northfield Rd
City State Zip Code
Livingston NJ 07039

Date of Receipt
M M / D D / Y Y Y Y
02 / 27 / 2002

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: SA11A1.5444

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

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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 27	
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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee (JEMPAC)

Full Name (Last, First, Middle Initial)
A. Rosenbaum Daniel MD

Mailing Address
2B Brookwood Rd.

City State Zip Code
Mount Laurel NJ 08054

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

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: SA11A1.5470

Full Name (Last, First, Middle Initial)
B. Rosenberg Gene S MD

Mailing Address
2D Prospect Ave.

City State Zip Code
Hackensack NJ 07601

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

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: SA11A1.5812

Full Name (Last, First, Middle Initial)
C. Rosen Craig H. MD

Mailing Address
603 No Broad Street

City State Zip Code
Woodbury NJ 08096

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

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: SA11A1.5474

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

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**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee (JEMPAC)

Full Name (Last, First, Middle Initial)

A. Salvatore Frank T. MD

Mailing Address

360 West Shore Trail

City

State

Zip Code

Sparta

NJ

07871

Date of Receipt

N M / D E / Y Y Y Y
03 / 26 / 2002

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
self

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5635

Full Name (Last, First, Middle Initial)

B. Schaeffer Mark A. MD

Mailing Address

17 Rosewood Ct

City

State

Zip Code

Princeton Junction

NJ

08550

Date of Receipt

N M / D E / Y Y Y Y
03 / 18 / 2002

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
Princeton Internal Medicine Assoc.

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5664

Full Name (Last, First, Middle Initial)

C. Schwartz Lawrence A. DO

Mailing Address

1 Harvard Lane

City

State

Zip Code

Linwood

NJ

08221

Date of Receipt

N M / D E / Y Y Y Y
03 / 05 / 2002

FEC ID number of contributing
federal political committee.

250.00

Name of Employer
self

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.5512

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

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

A. Full Name (Last, First, Middle Initial)
Sicherman Henry S. MD

Mailing Address
1777 Hamburg Tpke

City State Zip Code
Wayne NJ 07470

Date of Receipt
M / D / Y Y Y Y
03 / 18 / 2002

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: SA11A1.5600

B. Full Name (Last, First, Middle Initial)
Silverstein Niki MD

Mailing Address
408 Main Street

City State Zip Code
Chester NJ 07930

Date of Receipt
M / D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Silverstein Family Group Occupation
Physician

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

Transaction ID: SA11A1.5649

C. Full Name (Last, First, Middle Initial)
Silverstein Rodger MD

Mailing Address
408 Main Street

City State Zip Code
Chester NJ 07930

Date of Receipt
M / D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Silverstein Family Group Occupation
Physician

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

Transaction ID: SA11A1.5647

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 23 / 27	
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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee (JEMPAC)

Full Name (Last, First, Middle Initial)
A. Stambaugh John E. MD

Mailing Address
17 W Red Bank Ave

City State Zip Code
Woodbury NJ 08096

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

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: SA11A1.5484

Full Name (Last, First, Middle Initial)
B. Sugamann William MD

Mailing Address
515 Church St. Su-1

City State Zip Code
Bound Brook NJ 08005

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

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: SA11A1.5480

Full Name (Last, First, Middle Initial)
C. Swieczki Merih MD

Mailing Address
2901 Evesham Rd. Su-406

City State Zip Code
Voorhees NJ 08045

Date of Receipt
M M / D D / Y Y Y Y
03 / 04 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Neurosurgical Assoc. of SJPA Physician

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

Transaction ID: SA11A1.5486

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 24 / 27	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Vander James F. MD

Mailing Address
638 Summit Road

City State Zip Code
Penn Valley PA 19072

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2002

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: SA11A1.5614

Full Name (Last, First, Middle Initial)
B. Vitenson Jack H. MD

Mailing Address
210 Chickasaw Trail

City State Zip Code
Franklin Lakes NJ 07417

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Urologic Institute of NJ Occupation
Physician

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

Transaction ID: SA11A1.5680

Full Name (Last, First, Middle Initial)
C. Weinstein Benjamin MD

Mailing Address
310 Round Hill Dr.

City State Zip Code
Freehold NJ 07728

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Centra Source Medical Center Occupation
Physician

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

Transaction ID: SA11A1.5641

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

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**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name (Last, First, Middle Initial)
Wolf James H. MD

Mailing Address
7D Washington Valley Rd

City State Zip Code
Morristown NJ 07960

Date of Receipt
M M / D D / Y Y Y Y
03 / 05 / 2002

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: SA11A1.5504

B. Full Name (Last, First, Middle Initial)
Wu Hen-Vai MD

Mailing Address
107 Cedar Grove Lane

City State Zip Code
Somerset NJ 08873

Date of Receipt
M M / D D / Y Y Y Y
03 / 18 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Somerset Hematology & Oncology Ass-cc. Occupation
Physician

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

Amount of Each Receipt this Period
250.00

Transaction ID: SA11A1.5568

C.

SUBTOTAL of Receipts This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	15500.00

**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 26 / 27	
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input checked="" type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. AMPAC

Mailing Address
1101 Vermont Avenue

City State Zip Code
Washington DC 20005

Date of Receipt
M M / D D / Y Y Y Y
02 / 13 / 2002

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Joint Fund Raising Efforts

Amount of Each Receipt this Period
5.00

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 5.00

Transaction ID: SA12.5432

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	5.00
TOTAL This Period (last page this line number only)	▶	5.00

**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)

PAGE 27 / 27

<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 / 18 / 2002	
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: SB22.542B	
State: District:			

Full Name (Last, First, Middle Initial) B. AMPAC		Date of Disbursement 03 / 06 / 2002	
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: SB22.543D	
State: District:			

C.

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