



RECEIVED  
FEDERAL ELECTION COMMISSION  
WASHINGTON, DC  
20543

OCT 26 3 05 AM '94

**New Jersey Medical Political Action Committee**

2 Princess Road | Lawrenceville, NJ 08648 • (609) 876-1766

October 25, 1994

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Dear Sir:

Enclosed is an amended report for the New Jersey Medical Political Action Committee's (JEMPAC) October 15, 1994 Quarterly report.

Please note that on the Detailed Summary Page, Column B, Calendar Year, line 11 (a)(1), the total of the itemized contributions received was \$41,900.00 and not \$40,900.00 as originally reported.

The Detailed Summary Page, line number 11 (a)(1), has been changed to show the correct calculation.

Sincerely yours,

Barbara G. Mihalik  
Executive Director/  
Assistant Treasurer

bsm  
Enclosure

Contributions to AMPAC and State PAC are not deductible as charitable contributions for Federal income tax purposes.

If your practice is incorporated, JEMPAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the Medical Society of New Jersey will favor or disadvantage anyone based on the amount of or failure to make PAC contributions. Copies of JEMPAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, DC. Contributions are subject to the limitations of FEC Regulations, Sections 110.1, 110.2, and 110.5. (Federal regulations require this notice).

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
OCT 26 9 40 AM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> (JRMFAC) New Jersey Medical Political Action Committee	<b>2. FEC IDENTIFICATION NUMBER:</b> C 000 39123
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported Two Princess Road	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>
<b>CITY, STATE and ZIP CODE</b> Lawrenceville, New Jersey 08648	

**4. TYPE OF REPORT**

- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>July 1, 1994</u> through <u>September 30, 1994</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 16,062.94
(b) Cash on Hand at Beginning of Reporting Period	\$ 25,573.77	
(c) Total Receipts (from Line 19)	\$ 35,889.92	\$ 72,900.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 61,463.69	\$ 88,963.69
7. Total Disbursements (from Line 30)	\$ 38,105.00	\$ 65,605.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 23,358.69	\$ 23,358.69
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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/Assistant Treasurer  
 Barbara S. Mihalik

Signature of Treasurer/Assistant Treasurer: *Barbara S. Mihalik*      Date: 10/25/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

0 4 0 0 0 3 6 4 7 2 2

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

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

REPORT COVERING PERIOD  
FROM 7/1/94 TO: 9/30/94

### I. Receipts

	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	21,900.00	41,900.00	11(a)(i)
ii. Unitemized	13,915.00	30,890.00	11(a)(ii)
iii. Total (add i and ii) >	35,815.00	72,790.00	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) >	35,815.00	72,790.00	11(d)
12. Transfers From Affiliated/Other Party Committees	50.00	50.00	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	24.92	60.75	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	35,889.92	72,900.75	19
20. Total Federal Receipts (subtract line 18 from line 19) >	35,889.92	72,900.75	20

### II. Disbursements

21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule 114)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	11,705.00	19,605.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	26,401.00	46,000.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	38,105.00	65,605.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	38,105.00	65,605.00	31

### III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d)	35,815.00	72,790.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans) (subtract line 33 from 32)	35,815.00	72,790.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 13  
FOR LINE NUMBER 11 a.

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 (JRM PAC)**

A. Full Name, Mailing Address and ZIP Code Frank C. Carnevale, M.D. 1252 Hwy. 37W Toms River, NJ 08753	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/1/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ <b>250.00</b>			
B. Full Name, Mailing Address and ZIP Code Dave B. Swerdlow, M.D. 328 Belleville Ave Bloomfield, NJ 07003	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/5/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ <b>250.00</b>			
C. Full Name, Mailing Address and ZIP Code Bertram Lavinstone, M.D. 769 Northfield Ave West Orange, NJ 07052	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/7/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ <b>250.00</b>			
D. Full Name, Mailing Address and ZIP Code Phillip Horowitz, M.D. 24 Pontiac Drive Medford, NJ 08055	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ <b>250.00</b>			
E. Full Name, Mailing Address and ZIP Code Robert D. Kramberg, M.D. 2035 Hamburg Tpke, Su-L Wayne, NJ 07470	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ <b>250.00</b>			
F. Full Name, Mailing Address and ZIP Code Donald J. Cinotti, M.D. 30 Baldwin Avenue Jersey City, NJ 07304	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/17/94	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ <b>300.00</b>			
G. Full Name, Mailing Address and ZIP Code Louis L. Keeler, M.D. 140 Partree Road Cherry Hill, NJ 08003	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/27/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ <b>250.00</b>			

**SUBTOTAL** of Receipts This Page (optional) ..... **1,800.00**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 13

FOR LINE NUMBER

*11 a.i.*

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, Mailing Address and ZIP Code P. Jasper, M.D. 285 Aycrigg Avenue Passaic, NJ 07055	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/28/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Howard N. Tepper, M.D. 49 Rockledge Drive Livingston, NJ 07039	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/29/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Natalie Sarkanich-Watson, M.D. 14 Cain Circle Watchung, NJ 07060	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/9/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Richard M. Feinsod, M.D. 148 N. Wyoming Ave South Orange, NJ 07079	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/2/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code David I. Kingsley, M.D. 15 Whitewood Rd. Edison, NJ 08820	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/3/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Christopher J. Minas, M.D. 209 Schooner Circle, Neptune, NJ 07753	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>		Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code R. Megariotis, M.D. 1450 Main Ave Clifton, NJ 07011-2145	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/5/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>		Aggregate Year-to-Date > \$ 250.00	

**SUBTOTAL** of Receipts This Page (optional) ..... 1,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 13

FOR LINE NUMBER

11 a. i.

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
Joseph N. Micale, M.D. 90 Huyler Landing Rd. Cresskill, NJ 07626 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Self-Employed Occupation: <b>Physician</b> Aggregate Year-to-Date > \$ 250.00	8/4/94	250.00
William J. Dowling Jr., M.D. 150 N. Finley Ave Basking Ridge, NJ 07920 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Self-Employed Occupation: <b>Physician</b> Aggregate Year-to-Date > \$ 250.00	8/2/94	250.00
Harry M. Carnes, M.D. West Pine & Atlantic Aves. Audubon, NJ 08106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Self-Employed Occupation: <b>Physician</b> Aggregate Year-to-Date > \$ 250.00	8/3/94	250.00
Anton P. Kempa 123 Mountwell Ave addonfield, NJ 08033 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Self-Employed Occupation: <b>Physician</b> Aggregate Year-to-Date > \$ 250.00	8/8/94	250.00
Ian Atlas, M.D. 23 Rippling Brook Way Randolph, NJ 07869 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Self-Employed Occupation: <b>Physician</b> Aggregate Year-to-Date > \$ 250.00	8/8/94	250.00
Bernard Lehrhoff, M.D. 56 Crest Dr. South Orange, NJ 07079 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Self-Employed Occupation: <b>Physician</b> Aggregate Year-to-Date > \$ 250.00	8/5/94	250.00
Anthony J. Cavella, M.D. 28 Holton Lane Essex Falls, NJ 07021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Self-Employed Occupation: <b>Physician</b> Aggregate Year-to-Date > \$ 250.00	8/5/94	250.00
<b>SUBTOTAL</b> of Receipts This Page (optional)			1,750.00
<b>TOTAL</b> This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 3

FOR LINE NUMBER

119.1

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, Mailing Address and ZIP Code Kenneth Steinhouse, M.D. 644 Navaho Trail Drive Franklin Lakes, NJ 07417	Name of Employer Self-Employed  Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)  8/5/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
B. Full Name, Mailing Address and ZIP Code Arnold M. Sobel, M.D. 1200 Washington Avenue, Washington Twp Westwood, NJ 07675	Name of Employer Self-Employed  Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)  8/4/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
C. Full Name, Mailing Address and ZIP Code Eugene A. Gatti, M.D. 55 East Route 70 Marlton, NJ 08053	Name of Employer Self-Employed  Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year)  8/4/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
D. Full Name, Mailing Address and ZIP Code Eric Englestein, M.D. 7 Louis Drive Budd Lake, NJ 07828	Name of Employer Self-Employed  Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year)  8/8/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
E. Full Name, Mailing Address and ZIP Code Paul J. Hirsch, M.D. 720 U.S. Highway 202-206 Bridgewater, NJ 08807	Name of Employer Self-Employed  Occupation Physician Aggregate Year-to-Date > \$250.00	Date (month, day, year)  8/1/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
F. Full Name, Mailing Address and ZIP Code Abraham H. Rosenzweig, M.D. 13 Warren Cutting Chester, NJ 07930	Name of Employer Self-Employed  Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)  8/5/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
G. Full Name, Mailing Address and ZIP Code C. Tom Morea, M.D. 55 E. Rt. 70 Marlton, NJ 08053	Name of Employer Self-Employed  Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year)  8/5/94	Amount of Each Receipt this Period  250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			

SUBTOTAL of Receipts This Page (optional) ..... 1,750.00

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 5 OF 13

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JMPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Taylor, M.D. 4 Bliss Rd. Mendham, NJ 07945	Self-Employed Occupation Physician	8/8/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
John S. Owens 1228 W. Kay Drive Cherry Hill, NJ 07034	Self-Employed Occupation Physician	8/4/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
Angelo J. Lopano, M.D. 63 Palmer Ave West Long Branch, NJ 07764	Self-Employed Occupation Physician	8/5/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
Grant Van S. Parr, M.D. 75 Plectinny Rd. Morristown, NJ 07960	Self-Employed Occupation Physician	8/10/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
William S. Kelhoffer, M.D. 235 Washington Dr. Watchung, NJ 07060	Self-Employed Occupation Physician	8/10/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
John Ambrose, M.D. 426 Union Blvd. Totowa, NJ 07512	Self-Employed Occupation Physician	8/10/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
Frederic R. Rothman, M.D. 14 Weber Rd. West Orange, NJ 07052	Self-Employed Occupation Physician	8/10/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)

1,750.00

TOTAL This Period (last page this line number only)



SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 13

FOR LINE NUMBER

11 a. i.

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NAME OF COMMITTEE (in Full)  
New Jersey Medical Political Action Committee (JENPAC)

A. Full Name, Mailing Address and ZIP Code Edward J. Vecchione, M.D. 64 Sunset Rd. Fairfield, NJ 07004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/11/94	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code John S. D'Acanti, M.D. 13 Medford Rd. Morris Plains, NJ 07950 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/11/94	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Edward T. Kalmar, Jr., M.D. 49 Whitewood Drive Morris Plains, NJ 07950 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/11/94	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Alan Wasserstrum, M.D. 1777 Hamburg Turnpike Wayne, NJ 07470 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/12/94	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Nohoru Nishitani, M.D. 1213 Hamilton Ave Trenton, NJ 08629 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/12/94	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Booth H. Durham, M.D. 411 Evans Avenue Haddonfield, NJ 08033 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/12/94	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code George W. Allgair, M.D. 6 Summit Rd. Morristown, NJ 07960 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/12/94	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ..... 1,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 13

FOR LINE NUMBER

11.9.1

Any information copied from such Reports and Statements may not be taken as 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, Mailing Address and ZIP Code Mary F. Campagnolo, M.D. 72 Greenwich Drive Mount Holly, NJ 08060	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ 250.00			
B. Full Name, Mailing Address and ZIP Code Rafael Levites, M.D. 1799 Klockner Rd. Mercerville, NJ 08619	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ 250.00			
C. Full Name, Mailing Address and ZIP Code Marvin L. Tajanaky, M.D. 21 S. Arlene Drive West Long Branch NJ 07764	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code Esmeralda Abano-Mendoza, M.D. 142 Palisade Ave, Ste. 109 Jersey City, NJ 07306	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ 250.00			
E. Full Name, Mailing Address and ZIP Code Paul J. Carniol, M.D. 48 Hanwell Rd. Murray Hill, NJ 07974	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ 250.00			
F. Full Name, Mailing Address and ZIP Code Leigh Starr Ende, M.D. 369 West Blackwell St. Dover, NJ 07801	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ 250.00			
G. Full Name, Mailing Address and ZIP Code William D. Paterson, M.D. 1111 Parliament Way thorofare, NJ 08086	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>			
Aggregate Year-to-Date > \$ 250.00			

SUBTOTAL of Receipts This Page (optional) ..... 1,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 13 FOR LINE NUMBER 11a.i

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, Mailing Address and ZIP Code Alvin Kaplan, M.D. 207 West Union Ave Bound Brook, NJ 08805 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/17/94	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Manuel T. Banzon, M.D. 515 Iron Bridge Rd. Freehold, NJ 07728 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/18/94	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Stephen Thomsen, M.D. 316/318 Monastery Place Union City, NJ 07087 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/19/94	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Farhad Rafizadeh, M.D. 101 Madison Ave Morristown, NJ 07960 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/22/94	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Eugene W. Sweeney, M.D. 773 Tesneck Rd. Tesneck, NJ 07666 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/22/94	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Dana L. Heikes, M.D. 400 Old Hook Rd. Westwood Medical Center Westwood, NJ 07675 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/22/94	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Carol E. Zimmermann, M.D. P.O. Box 786 Summit, NJ 07901 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (Specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/24/94	Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)			1,750.00
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 25

FOR LINE NUMBER

11A.1

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, Mailing Address and ZIP Code David P. Saur, M.D. 507 Westfield Ave Westfield, NJ 07090	Name of Employer Self-Employed  Occupation Physician  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
B. Full Name, Mailing Address and ZIP Code Audrey Prefer, M.D. 19 E. Main St. Mendham, NJ 07945	Name of Employer Self-Employed  Occupation Physician  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
C. Full Name, Mailing Address and ZIP Code Ramesh C. Tandon, M.D. 477 Stuyvesant Ave Lyndhurst, NJ 07071	Name of Employer Self-Employed  Occupation Physician  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/26/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
D. Full Name, Mailing Address and ZIP Code Anthony J. Ricketti, M.D. 1542 Kuser Rd., Suite B-7 Trenton, NJ 08619	Name of Employer Self-Employed  Occupation Physician  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/23/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
E. Full Name, Mailing Address and ZIP Code Gregory M. Borak, M.D. 1416 Hooper Ave Towam River, NJ 08753	Name of Employer Self-Employed  Occupation Physician  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/23/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
F. Full Name, Mailing Address and ZIP Code Jeffrey M. Solomon, M.D. 76 So. State St. Vineland, NJ 08360	Name of Employer Self-Employed Occupation Physicians  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/30/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
G. Full Name, Mailing Address and ZIP Code Carl Porcara, M.D. 21 Overhill Rd. South Orange, NJ 07079	Name of Employer Self-Employed  Occupation Physician  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/30/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			

GRAND TOTAL of Receipts This Page (optional)

1,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 10 OF 13  
FOR LINE NUMBER 11 a. i.

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)

<p>A. Full Name, Mailing Address and ZIP Code Phillip J. Rubinfeld, M.D. 68 Redner Rd. Morristown, NJ 07960</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b></p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 8/30/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Michael Bernstein, M.D. 99 Beauvoir Ave At Sylvan Rd. Summit, NJ 07901</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b></p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 8/31/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code David B. Landers, M.D. 870 Palisade Ave, Suite 303 Teaneck, NJ 07666</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b></p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 9/1/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Henry R. Liss, M.D. 29 Ridge Rd. Summit, NJ 07901-2916</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b></p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 9/1/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Roland B. Johnson, M.D. Newton Medical Center 183 High St. Newton, NJ 07860</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b></p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 9/6/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code John B. Cherton, M.D. 215 Brighton Ave Long Branch, NJ 07740</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b></p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 9/6/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Gene S. Rosenberg, M.D. 26 Glen Rd. Rutherford, NJ 07070</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b></p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) 9/6/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>UBTOTAL of Receipts This Page (in partial)</p>			<p>1,750.00</p>
<p>TOTAL This Period (last page this line number only)</p>			<p></p>

UBTOTAL of Receipts This Page (in partial)

1,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

2  
4  
3  
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4  
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3  
4

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken E. Mishler, M.D. 968 Hamburg Tpke Wayne, NJ 07470	Self-Employed Occupation Physician	9/6/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
Deborah M. Wozniak, M.D. 331 Avenue "C" Bayonne, NJ 07002	Self-Employed Occupation Physician	9/8/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
David I. Reissman, M.D. 111 James St., P.O. Box 2115 Edison, NJ 08818	Self-Employed Occupation Physician	9 / 9/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
Carl L. Raso, M.D. 1868 Hooper Ave Toms River, NJ 08753	Self-Employed Occupation Physician	9/9/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
Albert Johnson, M.D. Medical Plaza, Suite B 215 Union Ave Bridgewater, NJ 08807	Self-Employed Occupation Physician	9/9/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
Stephen D. Feldman, M.D. 101 Old Short Hills Rd., Suite 206 West Orange, NJ 07052	Self-Employed Occupation Physician	9/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
Edrenalinda P. Bagan, M.D. 850 Avenue C Bayonne, NJ 07002	Self-Employed Occupation Physician	9/13/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) ..... 1,750.00

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Abraham D. Ruiz, M.D. P.O. Box 7100 Jersey City, NJ 07307	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/15/94	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Peter A Gross, M.D. Hackensack Hospital (Med) 30 Prospect Ave Hackensack, NJ 07601	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/15/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/19/94	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Gary O. Siemons, M.D. So. Jersey Med Ctr. Route 70 at Eastgate Drive Suite 1 Cherry Hill, NJ 08034	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/19/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/19/94	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Leticia Villanueva DeCastro, M.D. 180 Lafayette Ave Edison, NJ 08837	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/19/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/19/94	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code Cladys Halvorsen, M.D. 55 Hillside Ave Tenafly, NJ 07670	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/19/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 9/20/94	Amount of Each Receipt this Period 350.00
F. Full Name, Mailing Address and ZIP Code Charles G. Kalko, M.D. 1813 Oak Tree Road Edison, NJ 08820	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/20/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/20/94	Amount of Each Receipt this Period 250.00
<b>SUBTOTAL of Receipts This Page (optional)</b>			<b>1,850.00</b>
<b>TOTAL This Period (last page this line number only)</b>			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 13 OF 13  
FOR LINE NUMBER 11 & 12

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

A. Full Name, Mailing Address and ZIP Code Elpidio T. Marcelo, M.D. 302 24th Street Union City, NJ 07087	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 9/28/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Harold T. Jawetz, M.D. 540 Broadway Passaic, NJ 07055	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 9/28/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code A. Frank Weltzman, M.D. 14 Laura Lane Morristown, NJ 07960	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 9/29/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Ramesh C. Tandon, M.D. 477 Stuyvesant Avenue Lyndhurst, N.J. 07071	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/3/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Ramesh C. Tandon, M.D. 477 Stuyvesant Avenue Lyndhurst, N.J. 07071	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/19/94	Amount of Each Receipt this Period (250.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): check returned for insufficient funds	Aggregate Year-to-Date > \$	8/3/94 check returned for insufficient funds	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) ..... 750.00

TOTAL This Period (last page this line number only) ..... 21,900.00



SCHEDULE A

ITEMIZED RECEIPTS

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

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)

2400036477

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMPAC 1101 Vermont Avenue, N.W. Washington, D.C. 20005		9/12/94	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Refund of dues for Ramon Garcia	Occupation		Aggregate Year-to-Date > \$ 50.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional)	\$50.00
TOTAL This Period (fill page this line number only)	\$50.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1  
FORM LINE NUMBER 17

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NAME OF COMMITTEE (in full)  
New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Name of Employer N/A Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 7/29/94	Amount of Each Receipt this Period 7.34
B. Full Name, Mailing Address and ZIP Code Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Name of Employer N/A Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/31/94	Amount of Each Receipt this Period 9.08
C. Full Name, Mailing Address and ZIP Code Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Name of Employer N/A Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 9/30/94	Amount of Each Receipt this Period 8.50
D. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	24.92
TOTAL This Period (last page this line number only)	24.92

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1  
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SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
 New Jersey Medical Political Action Committee (JENPAC)

3406236179

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave, N.W. Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/12/94	1,400.00
AMPAC 1101 Vermont Ave, N.W. Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	7/21/94	350.00
AMPAC 1101 Vermont Ave, N.W. Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	8/22/94	4,055.00
AMPAC 1101 Vermont Ave, N.W. Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/12/94	3,800.00
AMPAC 1101 Vermont Ave, N.W. Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/30/94	2,100.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	11,705
TOTAL This Period (last page this line number only)	11,705

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Pallone For Congress P.O. Box 3176 Long Branch, N.J. 07740	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/94	1,500.00
B. Full Name, Mailing Address and ZIP Code Zimmer For Congress P.O. Box 782 Morristown, N.J. 07963	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/94	2,500.00
C. Full Name, Mailing Address and ZIP Code Andrews For Congress 215 4th Avenue Haddon Heights, NJ 08035	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,000.00
D. Full Name, Mailing Address and ZIP Code LoBiondo Committee to Change Congress P.O. Box 775 Marmora, NJ 08223	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00
E. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congressman Chris Smith 217 Hancock Avenue Bridgewater, NJ 08807	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,400.00
F. Full Name, Mailing Address and ZIP Code Committee to Re-Elect Congresswoman Marge Roukema P.O. Box 625 Ridgewood, New Jersey 07451	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00
G. Full Name, Mailing Address and ZIP Code Franks For Congress 219 South Street #203 New Providence, NJ 07974	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00
H. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton P.O. Box 795 Mt. Holly, NJ 08060	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00
I. Full Name, Mailing Address and ZIP Code Martini For Congress 68 Adams Terrace Clifton, NJ 07013	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00

SUBTOTAL of Disbursements This Page (optional) .....

20,900.00

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

0 1 2 3 4 5 6 7 8 9

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Russo For Congress 639 Ten Eyck Lyndhurst, NJ 07071	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	500.00
B. Full Name, Mailing Address and ZIP Code Frelinghuysen For Congress Park Square Bldg W. Park Pl., Room 312 Morristown, NJ 07960	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

26,400.00

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

26,400.00

2 6 4 3 0 3 6 4 7 5 1

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

DATE OF RECEIPT

*10-26-94*

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*JMN*

PREPARED

*10-26-94*

DATE PREPARED

04169364742