

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

5. Covering Period 07 01 2001 through 12 31 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Barbara S. Mihalik, Asst. Treasurer
 Signature of Treasurer Electronically Filed by Barbara S. Mihalik, Asst. Treasurer Date 01 18 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} 07 ^{Day} 01 ^{Year} 2001 To: ^{Month} 12 ^{Day} 31 ^{Year} 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2001		25905.53
(b) Cash on Hand at Beginning of Reporting Period	23033.93	
(c) Total Receipts (from Line 19)	1201.43	5963.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24235.36	31868.53
7. Total Disbursements (from Line 30)	5650.00	13283.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18585.36	18585.36
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-426-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: ^{MM}07 ^{DD}01 ^{YYYY}2001 To: ^{MM}12 ^{DD}31 ^{YYYY}2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	250.00	
(ii) Unitemized	900.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1150.00	5825.00
(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)	1150.00	5825.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	51.43	138.00
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)	1201.43	5963.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	1201.43	5963.00

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.....	0.00	2033.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	2033.17
22. Transfers to Affiliated/Other Party Committees.....	450.00	2250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5200.00	9000.00
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)..... ▶	5650.00	13283.17
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	5650.00	13283.17
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	1150.00	5825.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	1150.00	5825.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	2033.17
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	0.00	2033.17

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 9	
	<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

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. Daniels MD Jeffrey S

Mailing Address
34 S. Arlene Drive

City State Zip Code
West Long Branch NJ 07764

Date of Receipt
N M / D E / Y Y Y Y
10 / 11 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer self Occupation
Physician

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

Transaction ID: SA11A1.5411

B.

C.

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

**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 6 / 9

<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 07 th / 09 th / 2001 st	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Joint Fund Raising Efforts			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.5393	
State: District:				

Full Name (Last, First, Middle Initial) B. AMPAC			Date of Disbursement 09 th / 13 th / 2001 st	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Joint Fund Raising Efforts			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.5394	
State: District:				

Full Name (Last, First, Middle Initial) C. AMPAC			Date of Disbursement 11 th / 02 nd / 2001 st	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 50.00	
Purpose of Disbursement Joint Fund Raising Efforts			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.5395	
State: District:				

SUBTOTAL of Disbursements This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 / 9

<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 12 / 06 / 2001	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type	
Candidate Name			
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.5396

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	450.00

**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 8 / 9

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

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

Full Name (Last, First, Middle Initial) A. Lo Biondo for Congress		Date of Disbursement 07 / 23 / 2001	
Mailing Address PO Box 550 City Vineland State NJ Zip Code 08362		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Candidate Support Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 2	Transaction ID: SB23.5404		

Full Name (Last, First, Middle Initial) B. New Jersey United Federal PAC, Inc.		Date of Disbursement 09 / 20 / 2001	
Mailing Address 1 Riverfront Plaza PO Box 20041B City Newark State NJ Zip Code 07102		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement General Political Contribution Candidate Name		Category/ Type	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary General Other (specify) ▼ Other		
State: District:	Transaction ID: SB23.5405		

Full Name (Last, First, Middle Initial) C. PALLONE FOR CONGRESS		Date of Disbursement 12 / 19 / 2001	
Mailing Address PO BOX 3178 City LONG BRANCH State NJ Zip Code 07740		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Candidate Support Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NJ District: 08	Transaction ID: SB23.5398		

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 / 9

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

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

Full Name (Last, First, Middle Initial) A. PASCRELL FOR CONGRESS		Date of Disbursement 09 / 10 / 2001	
Mailing Address 63 QUARTZ LANE City: PATERSON State: NJ Zip Code: 07501		Amount of Each Disbursement this Period -300.00	
Purpose of Disbursement Lost Check - Voided Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		
		Transaction ID: 5B23.6397	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	-300.00
TOTAL This Period (last page this line number only)	5200.00