JEM PAC

New Jersey Medical Political Action Committee

7 Princess Road Lawrenceville, NJ 08648 • (609) 896-1766

January 20, 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) 1993 July 31 Mid Year Report.

Please note that on Schedule A, Itemized Receipts, line number 17, the March 31, 1993 interest from the Dean Witter Trust Co. was $5.55 and not $5.50 as originally reported.

Sincerely yours,

Barbara S. 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 amounts 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)

JUN 24 1 19 PM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) | Check if different than previously reported
Two Princess Road

CITY, STATE and ZIP CODE
Lawrenceville, N.J. 08648

2. FEC IDENTIFICATION NUMBER
C 000 39123

3. [ ] This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report
[ ] July 15 Quarterly Report
[ ] October 15 Quarterly Report
[ ] January 31 Year End Report
[X] 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? [X] YES [ ] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Jan. 1, 1993 through June 30, 1993		
6. (a) Cash on Hand January 1, 1993		$49,930.60
(b) Cash on Hand at Beginning of Reporting Period	$ 49,930.60	
(c) Total Receipts (from Line 19)	$ 4,330.52	$ 4,330.52
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 54,261.12	$54,261.12
7. Total Disbursements (from Line 30)	$ 4,129.62	$ 4,129.62
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 50,131.50	$50,131.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ - 0 -	
10. Debts and Obligations Owed BY 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 202 376-3120

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

Date

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

FEC FORM 3X
(revised 1/1/91)

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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 1/1/93 TO: 6/30/93

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,000.00	1,000.00
ii. Unitemized	3,300.00	3,300.00
iii. Total (add i and ii) ➤	4,300.00	4,300.00
b. Political Party Committees	- 0 -	- 0 -
c. Other Political Committees (such as PACs)	- 0 -	- 0 -
d. Total Contributions (add a iii, b and c) ➤	4,300.00	4,300.00
12. Transfers From Affiliated/Other Party Committees	- 0 -	- 0 -
13. All Loans Received	- 0 -	- 0 -
14. Loan Repayments Received	- 0 -	- 0 -
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	- 0 -	- 0 -
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	- 0 -	- 0 -
17. Other Federal Receipts (Dividends, Interest, etc.)	30.52	30.52
18. Transfers from Nonfederal Account for Joint Activity	- 0 -	- 0 -
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4,330.52	4,330.52
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4,330.52	4,330.52
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	- 0 -	- 0 -
ii. Non Federal Share	- 0 -	- 0 -
b. Other Federal Operating Expenditures	47.46	47.46
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤	47.46	47.46
22. Transfers to Affiliated/Other Party Committees	2,000.00	2,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,303.00	1,303.00
24. Independent Expenditures (use Schedule E)	- 0 -	- 0 -
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	- 0 -	- 0 -
26. Loan Repayments Made	- 0 -	- 0 -
27. Loans Made	- 0 -	- 0 -
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	- 0 -	- 0 -
b. Political Party Committees	- 0 -	- 0 -
c. Other Political Committees (such as PACs)	- 0 -	- 0 -
d. Total Contribution Refunds (Add a, b and c) ➤	- 0 -	- 0 -
29. Other Disbursements	779.16	779.16
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,129.62	4,129.62
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,129.62	4,129.62
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	4,300.00	4,300.00
33. Total Contribution Refunds (from line 28d)	- 0 -	- 0 -
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,300.00	4,300.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	47.46	47.46
36. Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -
37. Net Operating Expenditures (subtract line 36 from 35) ➤	47.46	47.46

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 1 OF 1

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)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Jeffrey H. Charen, M.D. 34-36 Progress Street, Su.A-2 Edison, N.J. 08820 Receipt For: [ ] Primary [ ] General [X] Other (specify): Membership	Self-employed Physician Aggregate Year-to-Date $ 250.00	1/6/93	250.00
B. Palma E. Formica, M.D. 254 Easton Avenue New Brunswick, N.J. 08901 Receipt For: [ ] Primary [ ] General [X] Other (specify): Membership	Self-employed Physician Aggregate Year-to-Date $ 250.00	2/3/93	250.00
C. Angelo S. Agro, M.D. 130 N. Haddon Avenue Haddonfield, N.J. 08033 Receipt For: [ ] Primary [ ] General [X] Other (specify): Membership	Self-employed Physician Aggregate Year-to-Date $ 250.00	3/3/93	250.00
D. Walter J. Kahn, M.D. 70 E. Front Street Red Bank, N.J. 07712 Receipt For: [ ] Primary [ ] General [X] Other (specify): Membership	Self-employed Physician Aggregate Year-to-Date $ 250.00	3/23/93	250.00
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Dean Witter Trust Co. 2 Montgomery Street Jersey City, N.J. 07302-3897 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	N/A Occupation Aggregate Year-to-Date > $	1/29/93	5.10
B. Dean Witter Trust Co. 2 Montgomery Street Jersey City, N.J. 07302-3897 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	N/A Occupation Aggregate Year-to-Date > $	2/26/93	4.88
C. Dean Witter Trust Co. 2 Montgomery Street Jersey City, N.J. 07302-3897 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	N/A Occupation Aggregate Year-to-Date > $	3/31/93	5.55
D. Dean Witter Trust Co. 2 Montgomery Street Jersey City, N.J. 07302-3897 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	N/A Occupation Aggregate Year-to-Date > $	4/30/93	4.99
E. Dean Witter Trust Co. 2 Montgomery Street Jersey City, N.J. 07302-3897 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	N/A Occupation Aggregate Year-to-Date > $	5/28/93	4.56
F. Dean Witter Trust Co. 2 Montgomery Street Jersey City, N.J. 07302-3897 Receipt For: [ ] Primary [ ] General [X] Other (specify): Interest	N/A Occupation Aggregate Year-to-Date > $	6/30/93	5.44
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] 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)			30.52
TOTAL This Period (last page this line number only)			30.52

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21(b)

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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
Chemical Bank of N.J. 20 Texas Avenue Lawrenceville, N.J. 08648	Check book charge Disbursement for: [ ] Primary [ ] General [X] Other (specify)	6/22/93	47.46
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			47.46
TOTAL This Period (last page this line number only)			47.46

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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NAME OF COMMITTEE (In Full)

New Jersey Medical Political Action Committee (JEMPAC)

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for:	Date (month, day, year)	Amount of Each Disbursement This Period
A. AMPAC 1101 Vermont Avenue, NW Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: [ ] Primary [ ] General [X] Other (specify)	1/14/93	450.00
B. AMPAC 1101 Vermont Avenue, NW Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: [ ] Primary [ ] General [X] Other (specify)	1/25/93	600.00
C. AMPAC 1101 Vermont Avenue, NW Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: [ ] Primary [ ] General [X] Other (specify)	2/8/93	150.00
D. AMPAC 1101 Vermont Avenue, NW Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: [ ] Primary [ ] General [X] Other (specify)	3/15/93	250.00
E. AMPAC 1101 Vermont Avenue, NW Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: [ ] Primary [ ] General [X] Other (specify)	3/26/93	150.00
F. AMPAC 1101 Vermont Avenue, NW Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: [ ] Primary [ ] General [X] Other (specify)	4/15/93	50.00
G. AMPAC 1101 Vermont Avenue, NW Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: [ ] Primary [ ] General [X] Other (specify)	5/13/93	200.00
H. AMPAC 1101 Vermont Avenue, NW Washington, D.C. 20005	Funds raised through joint fund-raising efforts Disbursement for: [ ] Primary [ ] General [X] Other (specify)	6/10/93	150.00
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) 2,000.00

TOTAL This Period (last page this line number only) 2,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

A. Full Name, Mailing Address and ZIP Code Committee to reelect Congressman Chris Smith 217 Hancock Avenue Bridgewater, N.J. 08807	Purpose of Disbursement Candidate Support Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 2/25/93	Amount of Each Disbursement This Period 53.00
B. Full Name, Mailing Address and ZIP Code Menendez for Congress P.O. Box 848 Union City, N.J. 07087	Purpose of Disbursement Candidate Support Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/23/93	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Gallo for Congress 101 Gibraltar Dr., Su-2E1 Morris Plains, N.J. 07950	Purpose of Disbursement Candidate Support Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 6/17/93	Amount of Each Disbursement This Period 250.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,303.00
TOTAL This Period (last page this line number only)	1,303.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1 FOR LINE NUMBER 29

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 Recognition Consultants, Inc. 750 West Clayton Avenue Clayton, N.J. 08312	Purpose of Disbursement Legislative Club Pins Disbursement for: [ ] Primary [ ] General [X] Other (specify)	Date (month, day, year) 5/13/93	Amount of Each Disbursement This Period 779.16
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	779.16
TOTAL This Period (last page this line number only)	779.16

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
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED [illegible]
☐	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

[illegible] [illegible]

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)

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