



# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) New Jersey Medical Political Action Committee (JEMPAC)	2. FEC IDENTIFICATION NUMBER C 000 39123
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Two Princess Rd.	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee during this reporting period on _____ (date).
CITY, STATE and ZIP CODE Lawrenceville, NJ 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding Primary (Type of Election)  
 election on June 7 in the State of NJ
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
<b>SUMMARY</b>		
5. Covering Period <u>April 1, 1994</u> through <u>May 18, 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	\$ 19,879.03	
(c) Total Receipts (from Line 19)	\$ 21,350.00	\$ 29,916.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 41,229.03	\$ 45,979.03
7. Total Disbursements (from Line 30)	\$ 14,700.00	\$ 19,450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 26,529.03	\$ 26,529.03
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 F Street, NW  
 Washington, DC 20543  
 Toll Free 800-424-9530  
 Local 202-219-3420

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 <u>DEBUNK</u> Assistant Treasurer Barbara S. Mihalik	Date
Signature of <u>DEBUNK</u> Assistant Treasurer 	5/25/94

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

3 + 0 3 9 0 2 7 4

**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 4/1/94 TO 5/18/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		15,750.00	16,000.00
ii. Unitemized		5,600.00	13,900.00
iii. Total	(add i and ii) >	21,350.00	29,900.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a iii, b and c) >	21,350.00	29,900.00
12. Transfers From Affiliates/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.)		-0-	16.09
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	21,350.00	29,916.09
20. Total Federal Receipts	(subtract line 18 from line 19) >	21,350.00	29,916.09
<b>II. Disbursements</b>			
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		-0-	-0-
c. Total Operating Expenditures	(add a i, a ii, and b) >	-0-	-0-
22. Transfers to Affiliated/Other Party Committees		4,700.00	5,950.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		10,000.00	13,500.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (? U.S.C. 411(j)); (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/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		-0-	-0-
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,700.00	19,450.00
31. Total Federal Disbursements	(subtract line 28 d from line 30) >	14,700.00	19,450.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		21,350.00	29,900.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)		21,350.00	29,900.00
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures	(subtract line 36 from 35) >	-0-	-0-

20039002715

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9

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 (TEMPAC)

0 1 3 9 J 0 2 7 7 6

<p>A. Full Name, Mailing Address and ZIP Code Walter J. Kahn, M.D. 16 Tuxedo Rd. Rumson, N.J. 07760</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 4-12-94</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Louis G. Fares, Sr., M.D. 2759 Nottingham Way Trenton, N.J. 08619</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 4/28/94</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Asghar Chuback, M.D. 11-01 Saddle River Rd. Fair Lawn, NJ 07410</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 4/29/94</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code David N. Branwil 28 Arrowhead Rd. Old Tappan, NJ 07675</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 4/29/94</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Emmons G. Paine, M.D. 17 N. Riding Drive Cherry Hill, NJ 08003</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 4/29/94</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Churchill L. Blakey, M.D. 107 E. Mantua Ave Wenonah, NJ 08090</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 4/29/94</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Elizabeth Russard, M.D. 127 Old York Road Ringoes, NJ 08851</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 4/29/94</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>1,750.00</p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 2 OF 9  
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 (JRM PAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Weinstein, M.D. Northern Ocean Prof. Plaza 525 Route 70 - Suite 12 Lakewood, NJ 08701	Self-Employed	4/29/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Lincoln Shimamura, M.D. 104 Branch Rd. Bridgewater, NJ 08807	Self-Employed	4/29/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Vincent M. Napolitano, M.D. 10 Brooklawn Drive Pompton Plains, NJ 07444	Self-Employed	5/2/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Daniel D. Manzi, M.D. 50 Newark Ave. - Suite 207 Belleville, NJ 07109	Self-Employed	5/2/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code John R. Ayers, Jr. M.D. Sunshine Hill Farms, Bailey Corner Rd. RD 1 Box 417 Wall, NJ 07719	Self-Employed	5/3/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Alberto J. Taboada, M.D. 3 Twilight Drive Brick, NJ 08723-5858	Self-Employed	5/3/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Michael Samach, M.D. 7 Waverly Court Morris Plains, NJ 07950	Self-Employed	5/3/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	

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

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

11 a. i.

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

7 + 0 3 9 0 2 7 1 0

A. Full Name, Mailing Address and ZIP Code Nicole DiCuglielmo, M.D. 1400 State Hwy. #35 Ocean Township, NJ 07712	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 5/3/94	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	
B. Full Name, Mailing Address and ZIP Code John W. Petrozzi, M.D. 87 Algonquin Trail Medford Lakes, NJ 08055	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 5/4/94	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		Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Joseph A. Riggs, M.D. 117 Kings Highway West Haddonfield, NJ 08033	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 5/4/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code R. Gregory Sachs, M.D. 92 Mountain Ave Summit, NJ 07901	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 5/ 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		Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Vincent F. Mileto, M.D. 893 Tok Place Bridgewater, NJ 08807	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 5/4/94	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		Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Arthur H. Popkave, M.D. 3500 Westwood Drive Easton, Pa 18042	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 5/4/94	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership		Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code Mark D. Popkin, M.D. 261 James St. Unit 2B Morristown, NJ 07960	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 5/6/94	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	

SUBTOTAL of Receipts This Page (optional) ..... 2,000.00

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)

9  
2  
1  
7  
9  
0  
2  
3  
0  
3  
0  
3  
0  
3

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jose Longo-Salvador, M.D. 250 George Rd. Cliffside Park, NJ 07010	Self-Employed	5/6/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
Mark S. Pascal, M.D. 5 Summit Ave Hackensack, NJ 07601	Self-Employed	5/6/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
Irving P. Ratner, M.D. 105 News Lane Cherry Hill, NJ 08046	Self-Employed	5/6/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
Ted Callagher, M.D. 121 Gill Rd. Haddonfield, NJ 08033	Self-Employed	5/6/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
Anthony P. Caggiano, Jr. M.D. 123 Highland Ave Glen Ridge, NJ 07028	Self-Employed	5/6/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
Edward C. Friedland, M.D. 25-15 Fair Lawn Ave Fair Lawn, NJ 07410	Self-Employed	5/6/95	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	Aggregate Year-to-Date > \$ 250.00	
Sanford Fineman, M.D. 8 Marion Lane Scotch Plains, NJ 07076	Self-Employed	5/6/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation: Physician	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

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

Table with columns: Receipt For, Primary/General, Full Name, Mailing Address and ZIP Code, Name of Employer, Date, Amount of Each Receipt. Rows include Edward Fass, M.D.; Aiden J. Doyle, M.D.; Howard C. Adelman, M.D.; Joseph H. Reichman, M.D.; Michael P. Basista; Richard K. Spence, M.D.; Patricia C. Klein, M.D. All recipients are self-employed physicians.

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SUBTOTAL of Receipts This Page (optional) 2,500.00

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)

<p>A. Full Name, Mailing Address and ZIP Code Eric S. Englestein, M.D. 7 Louis Drive Budd Lake, NJ 07828</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 5/2/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code James R. Tyler 134 Fresh Pond Rd. East Brunswick, NJ 08816</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 5/10/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Fred O. Dorey, Jr. 609 Hunter St. Woodbury, NJ 08096-2525</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 5/10/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Miguel Damien, M.D. 3 Paag Lane Little Silver, NJ 07739</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 5/10/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Raymond E. Adams, M.D. 311 E. Munn Lane Cherry Hill, NJ 08034</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 5/10/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Lawrence W. Borowec, M.D. 64 Mt. Horeb Rd. Warren, NJ 07059</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) 5/12/94</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Richard E. Pelosi, M.D. 14 Eckert Farm Rd. Saddle River, NJ 07458</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</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) 5/12/94</p>	<p>Amount of Each Receipt this Period 250.00</p>

SUBTOTAL of Receipts This Page (optional) ..... 2,000.00

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 06  
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
Robert C. Emery, M.D. 201 Roschill Ave Phillipsburg, NJ 08865	Self-Employed Occupation: <u>Physician</u>	5/11/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u> Aggregate Year-to-Date > \$ 250.00			
B. Full Name, Mailing Address and ZIP Code Robert DeMartin, M.D. Hwy. 35 and Laurel Ave Sea Girt, NJ 08750	Self-Employed Occupation: <u>Physician</u>	5/11/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u> Aggregate Year-to-Date > \$ 250.00			
C. Full Name, Mailing Address and ZIP Code Thomas Witomski, M.D. 2374 Birch Place Manasquan, NJ 08736	Self-Employed Occupation: <u>Physician</u>	5/11/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u> Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code Donald J. Holtzman, M.D. 701 Newark Ave Elizabeth, NJ 07208	Self-Employed Occupation: <u>Physician</u>	5/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u> Aggregate Year-to-Date > \$ 250.00			
E. Full Name, Mailing Address and ZIP Code S. Manzoor Abidif, M.D. 4 Silverwood Rd. Moorestown, NJ 08057-2118	Self-Employed Occupation: <u>Physician</u>	5/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u> Aggregate Year-to-Date > \$ 250.00			
F. Full Name, Mailing Address and ZIP Code Martin Swiecicki, M.D. 1101 N. Park Ave Haddon Heights, NJ 08035	Self-Employed Occupation: <u>Physician</u>	5/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u> Aggregate Year-to-Date > \$ 250.00			
G. Full Name, Mailing Address and ZIP Code Reid A. Lachman, M.D. 95 Madison Ave. Morristown, NJ 07960	Self-Employed Occupation: <u>Physician</u>	5/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u> Aggregate Year-to-Date > \$ 250.00			

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

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

2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 8 OF 9  
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Beitman, M.D. 316 N. Quail Drive Marmora, NJ 08223	Self-Employed	5/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Thomas Obade, M.D. 414 Tatum St. Woodbury, NJ 08096	Self-Employed	5/13/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
William Douglas Salerno, M.D. 38 Mayhill St. Saddle Brook, NJ 07662	Self-Employed	5/13/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Jeffrey H. Charen, M.D. 19 Loriam Rd. Warren, NJ 07059-5444	Self-Employed	5/13/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Michael K. Henderson, M.D. 8 Robert Drive Mountain Lakes, NJ 07046	Self-Employed	5/13/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Kevin Fleming, M.D. 710 Station Ave Haddon Heights, NJ 08035	Self-Employed	5/16/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Elias N. Troukas, M.D. 245 East Main St. Ramsey, NJ 07446	Self-Employed	5/16/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation Physician	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 9 OF 9  
FOR LINE NUMBER 11 e.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
Oscar A. Reicher, M.D. 2035 Hamburg Tpke. Wayne, NJ 07470	Self-Employed	5/16/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Occupation: <u>Physician</u>	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stephen M. Sachs, M.D. 15 Lewis Drive Maplewood, NJ 07040	Self-Employed	5/16/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Occupation: <u>Physician</u>	Aggregate Year-to-Date > \$ 250.00	
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) ..... 500.00  
TOTAL This Period (last page this line number only) ..... 15,750.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

2 + 3 9 0 0 2 7 3 0

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Avenue, N.W. Washington, D.C. 20005	Funds raised through joint fund-raising efforts. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/11/94	250.00
AMPAC 1101 Vermont Avenue, 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)	5/11/94	2,450.00
AMPAC 1101 Vermont Avenue, 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)	5/16/94	2,000.00
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) .....	4,700.00
TOTAL This Period (last page this line number only) .....	4,700.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF  
FOR LINE NUMBER  
23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lo Biondo Committee to Change Congress 73B East Landis Ave Vineland, NJ 08360-9884	Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/94	5,000.00
B. Full Name, Mailing Address and ZIP Code Gormley For Congress Primary 4280 Harbor Beach Blvd. Brigantine, NJ 08203	Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/94	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) .....	10,000.00
TOTAL This Period (last page this line number only) .....	10,000.00

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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

5-25-94

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

PREPARER

DATE PREPARED

9 3 9 0 2 7 8 1