

**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** CITY STATE ZIP CODE

C00039123 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
X October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
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 2002 through 09 30 2002

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

Type or Print Name of Treasurer Barbara S. Mihalik, Asst. Treasurer  
 Signature of Treasurer Electronically Filed by Barbara S. Mihalik, Asst. Treasurer Date 10 10 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: <sup>h</sup>0<sup>h</sup> <sup>D</sup>0<sup>1</sup> <sup>v</sup>200<sup>2</sup> To: <sup>h</sup>0<sup>9</sup> <sup>D</sup>3<sup>0</sup> <sup>v</sup>200<sup>2</sup>

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 200 <sup>2</sup>		18595.36
(b) Cash on Hand at Beginning of Reporting Period .....	55574.55	
(c) Total Receipts (from Line 19) .....	12411.78	60606.70
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	67986.33	79192.06
7. Total Disbursements (from Line 30) .....	11228.32	22434.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	56758.01	56758.01
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: <sup>h</sup>07 <sup>d</sup>01 <sup>y</sup>2002 To: <sup>h</sup>09 <sup>d</sup>30 <sup>y</sup>2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	8850.00	
(ii) Unitemized .....	3450.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	12300.00	60465.00
(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) .....	12300.00	60465.00
12. Transfers From Affiliated/Other Party Committees .....	100.00	105.00
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.) .....	11.78	36.70
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) .....	12411.78	60606.70
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	12411.78	60606.70

**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.....	2178.32	2734.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2178.32	2734.05
22. Transfers to Affiliated/Other Party Committees.....	6050.00	14200.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	5500.00
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)..... ▶	11228.32	22434.05
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	11228.32	22434.05
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	12300.00	60465.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	12300.00	60465.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2178.32	2734.05
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	2178.32	2734.05

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

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

FOR LINE NUMBER: PAGE 5 / 21

(check only one)

11a  11b  11c  12  
 13  14  15  16  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)

**A.** Full Name (Last, First, Middle Initial)  
Ambrose John MD

Mailing Address  
428 Union Boulevard

City State Zip Code  
Totowa NJ 07512

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.6082

**B.** Full Name (Last, First, Middle Initial)  
Andrason, Raymond B MD

Mailing Address  
478 Lafayette Street

City State Zip Code  
Cresskill NJ 07626-1213

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Urologic Specialties Occupation  
Physician

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

Transaction ID: SA11A1.6088

**C.** Full Name (Last, First, Middle Initial)  
Ayyagari Kamalakar R MD

Mailing Address  
7 Lenape Road

City State Zip Code  
Short Hills NJ 07078-1212

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.6110

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Barsuk Gregory MMD**

Mailing Address  
1418 Hooper Avenue

City State Zip Code  
Toms River NJ 08753

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 04 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Occupation  
Physician

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

Transaction ID: SA11A1.6167

Full Name (Last, First, Middle Initial)  
**B. Bussard Elizabeth S MD**

Mailing Address  
127 Old York Road

City State Zip Code  
Ringoes NJ 08551

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.6078

Full Name (Last, First, Middle Initial)  
**C. Campbell Ann Maria, MD**

Mailing Address  
187 Millburn Avenue Suite 3

City State Zip Code  
Millburn NJ 07041

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Occupation  
Physician

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

Transaction ID: SA11A1.6068

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. D'Amico Richard A MD**

Mailing Address  
180 N Dean Street Suite 3NE

City State Zip Code  
Englewood NJ 07631

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 02 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation  
Physician

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

Transaction ID: SA11A1.6145

Full Name (Last, First, Middle Initial)  
**B. Di Giacomo Dennis MD**

Mailing Address  
1 Avery Ct

City State Zip Code  
Madison NJ 07940

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 16 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer VMA Occupation  
Physician

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

Transaction ID: SA11A1.6155

Full Name (Last, First, Middle Initial)  
**C. Fares Louis G II MD**

Mailing Address  
6 Oxford Court

City State Zip Code  
Lawrenceville NJ 08846

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Fares Surgical Associates Occupation  
Physician

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

Transaction ID: SA11A1.6098

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

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 8 / 21

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Fein, Eric N. MD**

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 23 / 2002

Mailing Address  
391 Hobart Avenue

City State Zip Code  
Short Hills NJ 07078

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6121

Full Name (Last, First, Middle Initial)  
**B. Feldman David J MD**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2002

Mailing Address  
18 Pocono Road, Suite 100

City State Zip Code  
Denville NJ 07834

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6139

Full Name (Last, First, Middle Initial)  
**C. Fleming Richard E Jr MD**

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 01 / 2002

Mailing Address  
115 Stockton Street

City State Zip Code  
Princeton NJ 08540

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6143

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

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



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Frattoni, John D MD**

Mailing Address  
175 Vreeland Avenue

City State Zip Code  
Rutherford NJ 07070

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Women's Healthcare Group Physician

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

Transaction ID: SA11A1.6119

Full Name (Last, First, Middle Initial)  
**B. Fried Ruthellen MD**

Mailing Address  
180 North Dean Street

City State Zip Code  
Englewood NJ 07631

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 16 / 2002

Amount of Each Receipt this Period  
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.6111

Full Name (Last, First, Middle Initial)  
**C. Ioffreda Pasqualino MD**

Mailing Address  
78 Harrison Avenue

City State Zip Code  
Highland Park NJ 08904

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.6080

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 21

(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Kane Seth MD**

Mailing Address  
636 Hennigar Place

City State Zip Code  
Oradell NJ 07649

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6163

Full Name (Last, First, Middle Initial)  
**B. Kemer Michael B MD**

Mailing Address  
21 Hemlock Road

City State Zip Code  
Livingston NJ 07039

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 18 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6113

Full Name (Last, First, Middle Initial)  
**C. Lenders David B MD**

Mailing Address  
67 N. Hillside Pl

City State Zip Code  
Ridgewood NJ 07450

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 05 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6173

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Lane John F. MD**

Mailing Address  
1B Evergreen Lane  
City State Zip Code  
Watchung NJ 07060

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 09 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
The Eye Center Physician

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

Transaction ID: SA11A1.6090

Full Name (Last, First, Middle Initial)  
**B. Lifand Helen B MD**

Mailing Address  
1171 Evergreen Dr  
City State Zip Code  
Bridgewater NJ 08807-1227

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 21 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self Physician

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

Transaction ID: SA11A1.6161

Full Name (Last, First, Middle Initial)  
**C. Mareesa Vincent A. Esq**

Mailing Address  
231 Pleasant Valley Road  
City State Zip Code  
Titusville NJ 08560-2108

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Medical Society of New Jersey Executive Director

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

Transaction ID: SA11A1.6100

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Mical Joseph N MD**

Mailing Address  
7B55 Boulevard East Suite 7C

City State Zip Code  
North Bergen NJ 07047

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
NJ Division of Disability Physician

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

Transaction ID: SA11A1.6117

Full Name (Last, First, Middle Initial)  
**B. Minas Christopher J. MD**

Mailing Address  
208 Schooner Circle

City State Zip Code  
Neptune NJ 07753

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 14 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6153

Full Name (Last, First, Middle Initial)  
**C. Mittan Roy DMD**

Mailing Address  
2006 Millpond Ct

City State Zip Code  
Wall NJ 07719

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 20 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6159

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

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Munoz Eric MD**

Mailing Address  
121 Oak Ridge Avenue  
City: Summit State: NJ Zip Code: 07901

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: State of NJ and University Hospital Occupation: Assemblyman and Physician

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

Transaction ID: SA11A1.6076

Full Name (Last, First, Middle Initial)  
**B. Nenna David V MD**

Mailing Address  
1100 Wescott Drive Suite G2  
City: Flemington State: NJ Zip Code: 08822

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 11 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Occupation: Physician

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

Transaction ID: SA11A1.6106

Full Name (Last, First, Middle Initial)  
**C. Novak Dennis E. MD**

Mailing Address  
1001 Lacey Road, PO Box 780  
City: Forked River State: NJ Zip Code: 08731

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 05 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Dennis Novak MD PA Occupation: Physician

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

Transaction ID: SA11A1.6137

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

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 21

11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Pancurek James E MD  
Date of Receipt  
Mailing Address  
436 Commons Way  
City State Zip Code  
Toms River NJ 08753  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00  
Name of Employer self Occupation  
Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Transaction ID: SA11A1.6108

**B.** Full Name (Last, First, Middle Initial)  
Penn Deana MD  
Date of Receipt  
Mailing Address  
Buckingham Drive  
City State Zip Code  
Alpine NJ 07620  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00  
Name of Employer self Occupation  
Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Transaction ID: SA11A1.6127

**C.** Full Name (Last, First, Middle Initial)  
Pery Elizabeth MD  
Date of Receipt  
Mailing Address  
56 Plotts Road  
City State Zip Code  
Hampton NJ 07860  
Amount of Each Receipt this Period  
FEC ID number of contributing federal political committee. 250.00  
Name of Employer self Occupation  
Physician  
Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 250.00  
Transaction ID: SA11A1.6135

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Plainsboro Family Physicians**

Mailing Address  
666 Plainsboro Road Suite 1316  
City: Plainsboro State: NH Zip Code: 08536

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
500.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Receipt For: Aggregate Year-to-Date ▼  
Primary General Other (specify) ▼ 500.00

Transaction ID: SA11A1.6046

Full Name (Last, First, Middle Initial)  
**B. Andrew H. Sokol, MD**

Mailing Address  
666 Plainsboro Road Suite 1316  
City: Plainsboro State: NH Zip Code: 08536-3030

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self physician

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

[MEMO ITEM]

Transaction ID: SA11A1.6046.0

Full Name (Last, First, Middle Initial)  
**C. Peter C. Timex, MD**

Mailing Address  
666 Plainsboro Road Suite 1316  
City: Plainsboro State: NH Zip Code: 08536-3030

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
self physician

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

[MEMO ITEM]

Transaction ID: SA11A1.6046.1

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)  
**A. Somerset Family Physicians**

Mailing Address  
PO Box 309  
City State Zip Code  
Martinsville NJ 08836

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation

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

Transaction ID: SA11A1.6056

Full Name (Last, First, Middle Initial)  
**B. Swartz Harry M MD**

Mailing Address  
138 Cherry Tree Farm Road  
City State Zip Code  
Middletown NJ 07748

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6072

Full Name (Last, First, Middle Initial)  
**C. Swartz Stephen J MD**

Mailing Address  
138 Cherry Tree Farm Road  
City State Zip Code  
Middletown NJ 07748

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 08 / 2002

Amount of Each Receipt this Period  
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Physician

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

Transaction ID: SA11A1.6074

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

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 21

11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)

A. Waske Harry M MD

Mailing Address

7 Partridge Rd

City

State

Zip Code

Flemington

NJ

08822

Date of Receipt

N M / D E / Y Y Y Y  
09 / 26 / 2002

Amount of Each Receipt this Period

250.00

FEC ID number of contributing  
federal political committee.

Name of Employer  
Group Practice

Occupation

Physician

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Transaction ID: SA11A1.6183

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>8850.00</b>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 18 / 21		
	(check only one)	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. AMPAC</b>		Date of Receipt
Mailing Address 1101 Vermont Avenue		N M / D E / Y Y Y Y 0 8 / 0 8 / 2 0 0 2
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period
		100.00
Name of Employer	Occupation	Transfer of Funds Joint Fundraising
Receipt For:		Aggregate Year-to-Date ▼
Primary	General	
Other (specify) ▼		105.00
		<b>Transaction ID: SA12.6023</b>

**B.**

**C.**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>100.00</b>

**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 19 / 21

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

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

Full Name (Last, First, Middle Initial) <b>A. Martin Bontempo, Inc.</b>		Date of Disbursement 09 / 20 / 2002	
Mailing Address 212 West State Street City State Zip Code Trenton NJ 08608		Amount of Each Disbursement this Period 424.00	
Purpose of Disbursement JEMPAC Pina		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.6027	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Medical Society of New Jersey</b>		Date of Disbursement 09 / 20 / 2002	
Mailing Address 2 Princess Road City State Zip Code Lawrenceville NJ 08648		Amount of Each Disbursement this Period 1754.32	
Purpose of Disbursement Annual Meeting Political Forum		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.6028	
State: District:			

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2178.32</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>2178.32</b>

**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 20 / 21

<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				

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) <b>A. AMPAC</b>		Date of Disbursement 07 <sup>N</sup> / 12 <sup>M</sup> / 2002 <sup>Y</sup>	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 3200.00	
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.8028	
State: District:			

Full Name (Last, First, Middle Initial) <b>B. AMPAC</b>		Date of Disbursement 08 <sup>N</sup> / 06 <sup>M</sup> / 2002 <sup>Y</sup>	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 1850.00	
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.8030	
State: District:			

Full Name (Last, First, Middle Initial) <b>C. AMPAC</b>		Date of Disbursement 09 <sup>N</sup> / 11 <sup>M</sup> / 2002 <sup>Y</sup>	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005		Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Joint Fund Raising Efforts		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB22.8031	
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>6050.00</b>

**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 21 / 21

<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) <b>A. Anne Summers for Congress</b>		Date of Disbursement 08 / 14 / 2002
Mailing Address PO Box 642 City: Paramus State: NJ Zip Code: 07653-0842		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Candidate Support Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 5	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
		Transaction ID: SB23.8037

Full Name (Last, First, Middle Initial) <b>B. Soares for Congress</b>		Date of Disbursement 08 / 27 / 2002
Mailing Address 28 Emmons Drive, Suite A-20 City: Princeton State: NJ Zip Code: 08540		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 State: NJ District: 12	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	
		Transaction ID: SB23.8040

<b>C.</b>	
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3000.00</b>