REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

MAY 26 3 35 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
NEW JERSEY DENTAL ASSOCIATION FEDERAL PAC

ADDRESS (number and street) ☐ Check if different than previously reported
ONE DENTAL PLAZA, PO BOX 6020

CITY, STATE and ZIP CODE
NORTH BRUNSWICK, NJ 08902-6020

2. FEC IDENTIFICATION NUMBER
C00326918

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☒ May 20 ☐ September 20 ☐ January 31

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____, in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____, in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/01/98 through 4/30/98		
6. (a) Cash on Hand January 1, 19 98		$ 4,586.20
(b) Cash on Hand at Beginning of Reporting Period	$ 9,478.71	
(c) Total Receipts (from Line 19)	$ 9,140.00	$ 16,532.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 18,618.71	$ 21,118.71
7. Total Disbursements (from Line 30)	$ -0-	$ 2,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 18,619.71	$ 18,619.71
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 202-219-3420

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 Treasurer
WILLIAM PRENTICE, ASSISTANT TREASURER

Signature of Treasurer
WM PR

Date 5/20/98

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 9/93)

FE7AN047

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE

REPORT COVERING PERIOD FROM 4/01/98 TO: 4/30/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,685.00	11,735.00	11(a)(i)
ii. Unitemized	2,455.00	4,795.00	11(a)(ii)
iii. Total (add i and ii) ➤	9,140.00	16,530.00	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) ➤	9,140.00	16,530.00	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	2.51	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	9,140.00	16,532.51	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	9,140.00	16,532.51	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	2,500.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	-0-	2,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	-0-	2,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	9,140.00	16,530.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	9,140.00	16,530.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	-0-	-0-	37

FE7AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 | 4

FOR LINE NUMBER

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 DENTAL ASSOCIATION FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Leo Russ 1 West Broadway Paterson, NJ 07505 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $350.00	4/3/98	350.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marc Balson 201 S. Livingston Avenue Livingston, NJ 07039 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $225.00	4/3/98	225.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Schneider 5 Falcon Court Livingston, NJ 07039 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 225.00	4/3/98	225.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Cosmo DeSteno 570 Huckleberry Lane Franklin Lakes, NJ 07039 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 225.00	4/15/98	225.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Ricciani 840 Hamilton Av. Trenton, NJ 08619 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 225.00	4/14/98	225.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael Etter 239-C Taunton Road Medford, NJ 08055 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $250.00	4/15/98	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Dolinsky 2784 Kennedy Blvd. Jersey City, NJ 07306 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 480.00	4/15/98	480.00

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

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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FOR LINE NUMBER 4

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NAME OF COMMITTEE (in Full)

NEW JERSEY DENTAL ASSOCIATION FEDERAL PAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Maxine Feinberg 300 North Avenue East Cranford, NJ 07016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Dentist Aggregate Year-to-Date $ 225.00	4/15/98	225.00
B. Thomas Paglione 1345 Kuser Road Hamilton, NJ 08619 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Dentist Aggregate Year-to-Date $ 225.00	4/17/98	225.00
C. Donald Bershtein 125 Livingston Ave. Edison, NJ 08820 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Dentist Aggregate Year-to-Date $ 525.00	4/17/98 4/20/98	225.00 300.00
D. Philip Engel 109 Livingston Ave. New Brunswick, NJ 08901 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Dentist Aggregate Year-to-Date $ 250.00	4/17/98	250.00
E. Phylis Detwiler 38 Tindall Road Middletown, NJ 07748 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Dentist Aggregate Year-to-Date $ 225.00	4/18/98	225.00
F. Richard Riva 33 Main Street Chatham, NJ 07928 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Dentist Aggregate Year-to-Date $ 225.00	4/18/98	225.00
G. Mark Bromberg 400 Old Hook Road Westwood, NJ 07675 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Dentist Aggregate Year-to-Date $250.00	4/18/98	250.00

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

TOTAL This Period (last 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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
NEW JERSEY DENTAL ASSOCIATION FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Arnold Rosenheck 11 Norfolk Way Skillman, NJ 08558 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 225.00	4/18/98	225.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Yosh Jefferson 737 Holly Lane Mt. Holly, NJ 08060 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 350.00	4/19/98	350.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carmine LoMonaco 6 Klimback Court West Caldwell, NJ 07006 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 250.00	4/20/98	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
John Graeber 470 Ridgedale Avenue East Hanover, NJ 07936 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 225.00	4/24/98	225.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Goodwin 216-B Jack Martin Blvd. Brick, NJ 08724 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 225.00	4/24/98	225.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Nisselson 16 Pocono Road Denville, NJ 07834 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 250.00	4/29/98	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Trad 65 Richmond Avenue Deal, NJ 07723 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 1,000.00	4/29/98	1,000.00

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	6,935.00

FE2AN047

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

NEW JERSEY DENTAL ASSOCIATION FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert A. Shekitka 264 Boyden Avenue Maplewood, NJ 07040 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $ 255.00	4/29/98	255.00
B. 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
C. 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
D. 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
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)	
TOTAL This Period (last page this line number only)	6,935.00

FEC FAN 047

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 5/20/98
☐	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
☐	Electronic Filing	

PREPARER — DATE PREPARED 5/26/98

(4/98)