



**New Jersey Medical Political Action Committee**

2 Princess Road Laurenceville, NJ 08648

(609) 896-1766

July 11, 1994

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Dear Sir:

Enclosed please find the New Jersey Medical Political Action Committee's (JEMPAC) July 15, 1994 Quarterly Report.

Sincerely yours,

Barbara S. Mihalik  
Executive Director/  
Assistant Treasurer

BSM  
Enclosure

c: NJ Election Section (Department of State)

94039070870

Contributions to AMPAC and State PAC are not deductible as charitable contributions for Federal income tax purposes.

If your practice is incorporated, JEMPAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the Medical Society of New Jersey will favor or disfavor anyone based on the attitude of or failure to make PAC contributions. Copies of JEMPAC and AMPAC reports are filed with the Federal Election Commission and are available for purchase from the Federal Election Commission, Washington, DC. Contributions are subject to the limitations of FEC Regulations, Sections 101.1, 102, and 105. (Federal regulations require this notice).

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FILED  
JUL 13 4 00 PM '94

USE FEC MAILING LABEL OR TYPE OR PRINT

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

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

CITY, STATE and ZIP CODE  
Lawrenceville, New Jersey 08648

2. FEC IDENTIFICATION NUMBER  
C 000 39123

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

- Twelfth day report preceding \_\_\_\_\_  
(Type of Election)
- election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>May 19, 1994</u> through <u>June 30, 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	\$ 26,529.03	
(c) Total Receipts (from Line 19)	\$ 7,094.74	\$ 37,010.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 33,623.77	\$ 53,073.77
7. Total Disbursements (from Line 30)	\$ 8,050.00	\$ 27,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 25,573.77	\$ 25,573.77
9. Debts and Obligations Owed TO 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
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

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: ~~XXXXXXXX~~ Assistant Treasurer  
Barbara S. Mihalik

Signature of ~~XXXXXXXX~~ Assistant Treasurer: *Barbara S. Mihalik* Date: 7/12/94

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

94039070671

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

(revised 1/1/91)

NAME OF COMMITTEE <u>New Jersey Medical Political Action Committee</u>		REPORT COVERING PERIOD FROM 5/19/94 TO 6/30/94	
		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 (see Schedule A)		4,250.00	20,000.00
II. Unitemized		2,825.00	16,975.00
III. Total	(add I and II) >	7,075.00	36,975.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a III, b and c) >	7,075.00	36,975.00
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		19.74	35.83
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,094.74	37,010.83
20. Total Federal Receipts	(subtract line 18 from line 19) >	7,094.74	37,010.83
<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		1,950.00	7,900.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		6,100.00	19,600.00
24. Independent Expenditures (see Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see 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) >	8,050.00	27,500.00
31. Total Federal Disbursements	(subtract line 21 a II from line 30) >	8,050.00	27,500.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		7,075.00	36,975.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		7,075.00	36,975.00
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-

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

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)

Table with 4 columns: Donor Name/Address, Name of Employer, Date, Amount of Each Receipt. Rows include Allan W. Lazar, Robert S. Rigolosi, Vincent Moloney, William R. Nadel, Robert D. DeGroot, Abraham C. Kovarsky, and Stevan Adler.

TOTAL of Receipts This Page (optional) 1,750.00

TOTAL This Period (last page this line number only)

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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
Jung Du Lee, M.D. 366 Crescent Drive Franklin Lakes, NJ 07417	Self-Employed	5/26/94	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	
B. Full Name, Mailing Address and ZIP Code Victor D. Antonacci, M.D. 991 Van Houten Ave Clifton, NJ 07013-2643	Self-Employed	6/1/94	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	
C. Full Name, Mailing Address and ZIP Code 7 4 James G. Nachbar, M.D. 5 Chelmsford Court Medford, NJ 08055	Self-Employed	6/3/94	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	
D. Full Name, Mailing Address and ZIP Code 7 5 Shahram Ayazi, M.D. 553 Huckleberry Lane Franklin Lakes, NJ 07417	Self-Employed	6/8/94	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	
E. Full Name, Mailing Address and ZIP Code 4 Eileen M. Moynihan, M.D. 1304 Maple Ave Haddon Heights, NJ 08035	Self-Employed	6/9/94	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	
F. Full Name, Mailing Address and ZIP Code William V. Harrer, M.D. 241 Kings Highway West Haddonfield, NJ 08033	Self-Employed	6/16/94	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	
G. Full Name, Mailing Address and ZIP Code Steven J. Stanzione, M.D. 28 Northern Drive Short Hills, NJ 07078	Self-Employed	6/17/94	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	
TOTAL of Receipts This Page (optional)			1,750.00
AL This Period (last page this line number only)			

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMFAC)

A. Full Name, Mailing Address and ZIP Code Craig A. Dize, M.D. 42 Nestling Wood Drive Long Valley, NJ 07853	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 6/21/94	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 Marvin G. Frank, M.D. 900 Stuyvesant Ave Union, NJ 07083	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 6/22/94	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 Bessie M. Sullivan, M.D. 3 Debra Court Scotch Plains, NJ 07076	Name of Employer Self-Employed  Occupation Physician	Date (month, day, year) 6/29/94	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):		Aggregate Year-to-Date > \$	
TOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line number only)			4,250.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311	Name of Employer N/A	Date (month, day, year) 4/29/94	Amount of Each Receipt this Period 5.69
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311	Name of Employer N/A	Date (month, day, year) 5/31/94	Amount of Each Receipt this Period 6.95
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311	Name of Employer N/A	Date (month, day, year) 6/30/94	Amount of Each Receipt this Period 7.10
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

TOTAL of Receipts This Page (optional) ..... 19.74

TOTAL This Period (last page this line number only) ..... 19.74

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

2403947187

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Ave 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)	6/3/94	1,950.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,950.00
TOTAL This Period (last page this line number only)	1,950.00



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Haytaian-U.S. Senate '94 2590 Nottingham Way Hamilton, NJ 08619	Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/94	4,000.00
B. Full Name, Mailing Address and ZIP Code Andrews for Congress Committee 20 Brare Rd., Suite 200 Cherry Hill, NJ 08034	Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/19/94	1,000.00
C. Full Name, Mailing Address and ZIP Code Franks for Congress P.O. Box 661 New Providence, NJ 07974	Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/27/94	500.00
D. Full Name, Mailing Address and ZIP Code Committee to Re-elect Congressman Chris Smith 217 Hancock Ave Bridgewater, NJ 08807	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/21/94	100.00
E. Full Name, Mailing Address and ZIP Code Friends of Jim Saxton P.O. Box 795 Mount Holly, NJ 08060	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/21/94	500.00
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)	6,100.00
TOTAL This Period (last page this line number only)	6,100.00

94059070878

**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

7/13/94

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

E.S.  
 PREPARER

7/13/94  
 DATE PREPARED

94039070679