



New Jersey Medical Political Action Committee

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

FEDERAL ELECTION COMMISSION
Oct 13 10 12 AM '94

October 14, 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) October 15, 1994 Quarterly Report.

Sincerely yours,

Barbara S. Mihalik

Barbara S. Mihalik
Executive Director/
Assistant Treasurer

BSM
Enclosure

cc: NJ Election Section (Department of State)

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

If you prefer an incorporated, JEMPAC and AMPAC voluntary political contributions should be written on a PERSONAL CHECK. Contributions are not limited to the suggested amount. Neither the AMA nor the Medical Society of New Jersey will favor or disadvantage anyone based on the amount 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 PBC Regulations, Sections 110.1, 110.2, and 110.5 (Federal regulations require this notice).

940339-63690

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

FEDERAL ELECTION COMMISSION
ADMINISTRATIVE SERVICES CENTER
1100 MONTGOMERY AVENUE, N.W.
WASHINGTON, D.C. 20543
OCT 13 10 13 AM '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) <input type="checkbox"/> Check if different than previously reported Two Princess Road	2. FEC IDENTIFICATION NUMBER C 000 39123
CITY, STATE and ZIP CODE Lawrenceville, New Jersey 08648	3. <input checked="" type="checkbox"/> 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 July 1, 1994 through September 30, 1994			
6. (a) Cash on Hand January 1, 1994			\$ 16,062.94
(b) Cash on Hand at Beginning of Reporting Period	\$ 25,573.77		
(c) Total Receipts (from Line 19)	\$ 35,889.92	\$ 72,900.75	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 61,463.69	\$ 88,963.69	
7. Total Disbursements (from Line 30)	\$ 38,105.00	\$ 65,605.00	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 23,358.69	\$ 23,358.69	
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 800 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 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~~ Assistant Treasurer
Barbara S. Mihalik

Signature of ~~Treasurer~~ Assistant Treasurer: *Barbara S. Mihalik* Date: 10/12/94

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

94039263391

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 7/1/94 TO 9/30/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	21,900.00	40,900.00
ii.	Unitemized	13,915.00	30,890.00
iii.	Total (add i and ii) >	35,815.00	72,790.00
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions (add a ii, b and c) >	35,815.00	72,790.00
12.	Transfers From Affiliated/Other Party Committees	50.00	50.00
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.)	24.92	60.75
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	35,889.92	72,900.75
20.	Total Federal Receipts (subtract line 18 from line 19) >	35,889.92	72,900.75
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4):		
i.	Federal Share	-0-	-0-
ii.	Non-Federal Share	-0-	-0-
b.	Other Federal Operating Expenditures	-0-	-0-
c.	Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-
22.	Transfers to Affiliated/Other Party Committees	11,705.00	19,605.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	26,400.00	46,000.00
24.	Independent Expenditures (use Schedule E)	-0-	-0-
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	-0-	-0-
26.	Loan Repayments Made	-0-	-0-
27.	Loans Made	-0-	-0-
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	-0-	-0-
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contribution Refunds (add a, b and c) >	-0-	-0-
29.	Other Disbursements	-0-	-0-
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	38,105.00	65,605.00
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >	38,105.00	65,605.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	35,815.00	72,790.00
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	35,815.00	72,790.00
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 35 from 36) >	-0-	-0-

9403203392

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 13

FOR LINE NUMBER

11 a-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 (JEMPAC)

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A. Full Name, Mailing Address and ZIP Code Frank G. Carnevale, M.D. 1252 Hwy. 37W Toms River, NJ 08753	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/1/94	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 Dave B. Swerdlow, M.D. 328 Belleville Ave Bloomfield, NJ 07003	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/5/94	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 Bertram Levinstone, M.D. 769 Northfield Ave West Orange, NJ 07052	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/7/94	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 Philip Horowitz, M.D. 24 Pontiac Drive Medford, NJ 08055	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/15/94	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 Robert D. Kramberg, M.D. 2035 Hamburg Tpke, Su-L Wayne, NJ 07470	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/15/94	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 Donald J. Cinotti, M.D. 30 Baldwin Avenue Jersey City, NJ 07304	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/17/94	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
Aggregate Year-to-Date > \$ 300.00			
G. Full Name, Mailing Address and ZIP Code Louis L. Keeler, M.D. 140 Partree Road Cherry Hill, NJ 08003	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 7/27/94	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) 1,800.00

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 2 OF 13
FOR LINE NUMBER 11 a.i.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

9403394

A. Full Name, Mailing Address and ZIP Code P. Jasper, M.D. 285 Ayrigg Avenue Passaic, NJ 07055 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/28/94	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Howard N. Tepper, M.D. 49 Rockledge Drive Livingston, NJ 07039 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 7/29/94	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Natalie Sarkanich-Watson, M.D. 14 Cain Circle Watchung, NJ 07060 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/9/94	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code Richard M. Feinsod, M.D. 148 N. Wyoming Ave South Orange, NJ 07079 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/2/94	Amount of Each Receipt this Period 250.00
E. Full Name, Mailing Address and ZIP Code David I. Kingsley, M.D. 15 Whitewood Rd. Edison, NJ 08820 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/3/94	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Christopher J. Minas, M.D. 209 Schooner Circle, Neptune, NJ 07753 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code E. Megariotis, M.D. 1450 Main Ave Clifton, NJ 07011-2145 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed Occupation Physician Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 8/5/94	Amount of Each Receipt this Period 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

FOR LINE NUMBER

119-1

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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
Joseph N. Micale, M.D. 90 Huyler Landing Rd. Cresskill, NJ 07626	Self-Employed	8/4/94	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	
William J. Dowling Jr., M.D. 150 N. Finley Ave Basking Ridge, NJ 07920	Self-Employed	8/2/94	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	
Harry M. Carnes, M.D. West Pine & Atlantic Aves. Audubon, NJ 08106	Self-Employed	8/3/94	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	
Anton P. Kemps 123 Mountwell Ave Haddonfield, NJ 08033	Self-Employed	8/8/94	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	
Ian Atlas, M.D. 23 Rippling Brook Way Randolph, NJ 07869	Self-Employed	8/8/94	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	
Bernard Lehrhoff, M.D. 56 Crest Dr. South Orange, NJ 07079	Self-Employed	8/5/94	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 J. Casella, M.D. 28 Holton Lane Essex Fells, NJ 07021	Self-Employed	8/5/94	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

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

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FOR LINE NUMBER

11A.1.

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

A. Full Name, Mailing Address and ZIP Code Kenneth Steinhouse, M.D. 644 Navaho Trail Drive Franklin Lakes, NJ 07417 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/5/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Arnold M. Sobel, M.D. 1200 Washington Avenue, Washington Twp Westwood, NJ 07675 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8 /4/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Eugene A. Catti, M.D. 55 East Route 70 Marlton, NJ 08053 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/4/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Eric Englestein, M.D. 7 Louis Drive Budd Lake, NJ 07828 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/8/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Paul J. Hirsch, M.D. 720 U.S. Highway 202-206 Bridgewater, NJ 08807 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/1/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Abraham H. Rosenzweig, M.D. 13 Warren Cutting Chester, NJ 07930 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/5/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code G. Tom Morea, M.D. 55 E. Rt. 70 Marlton, NJ 08053 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/5/94	Amount of Each Receipt this Period 250.00
	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 schedules for each category of the Detailed Summary Page

PAGE 5 OF 13

FOR LINE NUMBER

11 a. i.

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

94039263897

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David L. Taylor, M.D. 4 Bliss Rd. Mendham, NJ 07945	Self-Employed Occupation Physician	8/8/94	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		
John S. Owens 1228 W. Kay Drive Cherry Hill, NJ 07034	Self-Employed Occupation Physician	8/4/94	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		
Angelo J. Lopano, M.D. 63 Palmer Ave West Long Branch, NJ 07764	Self-Employed Occupation Physician	8/5/94	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		
Grant Van S. Parr, M.D. 75 Picatinny Rd. Morristown, NJ 07960	Self-Employed Occupation Physician	8/10/94	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		
William S. Kelhoffer, M.D. 235 Washington Dr. Watchung, NJ 07060	Self-Employed Occupation Physician	8/10/94	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		
John Ambrose, M.D. 426 Union Blvd. Totowa, NJ 07512	Self-Employed Occupation Physician	8/10/94	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		
Frederic R. Rothman, M.D. 14 Weber Rd. West Orange, NJ 07052	Self-Employed Occupation Physician	8/10/94	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)	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 6 OF 13

FOR LINE NUMBER

11 a. 1.

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

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A. Full Name, Mailing Address and ZIP Code Edward J. Vecchione, M.D. 64 Sunset Rd. Fairfield, NJ 07004	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/11/94	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 S. D'Aconti, M.D. 13 Medford Rd. Morris Plains, NJ 07950	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/11/94	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 Edward T. Kalmar, Jr., M.D. 49 Whitewood Drive Morris Plains, NJ 07950	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/11/94	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 Alan Wasserstrum, M.D. 1777 Hamburg Turnpike Wayne, NJ 07470	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/12/94	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 Noboru Nishitani, M.D. 1213 Hamilton Ave Trenton, NJ 08629	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/12/94	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 Booth H. Durham, M.D. 411 Evans Avenue Haddonfield, NJ 08033	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/12/94	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	
G. Full Name, Mailing Address and ZIP Code George W. Allgair, M.D. 6 Summit Rd. Morristown, NJ 07960	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 8/12/94	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) 1,750.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER

11.9.1

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 (JEMPAC)

9
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9

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary F. Campagnolo, M.D. 72 Greenwich Drive Mount Holly, NJ 08060	Self-Employed	8/15/94	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	
Rafael Levites, M.D. 1799 Klockner Rd. Mercerville, NJ 08619	Self-Employed	8/15/94	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	
Marvin L. Talansky, M.D. 21 S. Arlene Drive West Long Branch NJ 07764	Self-Employed	8/15/94	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	
Esmeralda Abano-Mendoza, M.D. 142 Palisade Ave, Ste. 109 Jersey City, NJ 07306	Self-Employed	8/15/94	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	
Paul J. Garniol, M.D. 48 Hansell Rd. Murray Hill, NJ 07974	Self-Employed	8/15/94	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	
Leigh Starr Ende, M.D. 369 West Blackwell St. Dover, NJ 07801	Self-Employed	8/15/94	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	
William D. Paterson, M.D. 1111 Parliament Way thorofare, NJ 08086	Self-Employed	8/15/94	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

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

PAGE **8** OF **13**
FOR LINE NUMBER **11a.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 (JEMPAC)

94039263900

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin Kaplan, M.D. 207 West Union Ave Bound Brook, NJ 08805	Self-Employed	8/17/94	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	
Manuel T. Banzon, M.D. 515 Iron Bridge Rd. Freehold, NJ 07728	Self-Employed	8/18/94	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	
Stephen Thomsen, M.D. 316/318 Monastery Place Union City, NJ 07087	Self-Employed	8/19/94	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	
Farhad Rafizadeh, M.D. 101 Madison Ave Morristown, NJ 07960	Self-Employed	8/22/94	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	
Eugene W. Sweeney, M.D. 773 Teaneck Rd. Teaneck, NJ 07666	Self-Employed	8/22/94	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	
Dana L. Heikes, M.D. 400 Old Hook Rd. Westwood Medical Center Westwood, NJ 07675	Self-Employed	8/22/94	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	
Carol E. Zimmermann, M.D. P.O. Box 786 Summit, NJ 07901	Self-Employed	8/24/94	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 in line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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 David P. Saur, M.D. 507 Westfield Ave Westfield, NJ 07090 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Audrey Prefer, M.D. 19 E. Main St. Mendham, NJ 07945 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/25/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Rameah C. Tandon, M.D. 477 Stuyvesant Ave Lyndhurst, NJ 07071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/26/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Anthony J. Ricketti, M.D. 1542 Kuser Rd., Suite B-7 Trenton, NJ 08619 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/23/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Gregory M. Borsuk, M.D. 1416 Hooper Ave Toms River, NJ 08753 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/23/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Jeffrey M. Solomon, M.D. 76 So. State St. Vineland, NJ 08360 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/30/94	Amount of Each Receipt this Period 250.00
	Occupation Physicians		
	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code Carl Porcaro, M.D. 21 Overhill Rd. South Orange, NJ 07079 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Name of Employer Self-Employed	Date (month, day, year) 8/30/94	Amount of Each Receipt this Period 250.00
	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)

94039263901

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 13
FOR LINE NUMBER 11 a. i.

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

94039263902

<p>A. Full Name, Mailing Address and ZIP Code Philip J. Rubinfeld, M.D. 68 Redner Rd. Morristown, NJ 07960</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 > \$ 250.00</p>	<p>Date (month, day, year) 8/30/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Michael Bernstein, M.D. 99 Beauvoir Ave At Sylvan Rd. Summit, NJ 07901</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 > \$ 250.00</p>	<p>Date (month, day, year) 8/31/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code David B. Landers, M.D. 870 Palisade Ave, Suite 303 Teaneck, NJ 07666</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 > \$ 250.00</p>	<p>Date (month, day, year) 9/1/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Henry R. Liss, M.D. 29 Ridge Rd. Summit, NJ 07901-2916</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 > \$ 250.00</p>	<p>Date (month, day, year) 9/1/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Roland E. Johnson, M.D. Newton Medical Center 183 High St. Newton, NJ 07860</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 > \$ 250.00</p>	<p>Date (month, day, year) 9/6/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code John B. Checton, M.D. 215 Brighton Ave Long Branch, NJ 07740</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 > \$ 250.00</p>	<p>Date (month, day, year) 9/6/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Gene S. Rosenberg, M.D. 26 Glen Rd. Rutherford, NJ 07070</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 > \$ 250.00</p>	<p>Date (month, day, year) 9/6/94</p>	<p>Amount of Each Receipt this Period 250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>1,750.00</p>
<p>TOTAL This Period (list page this line number only)</p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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)

94039263903

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken E. Mishler, M.D. 968 Hamburg Tpke Wayne, NJ 07470	Self-Employed Occupation Physician	9/6/94	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		
Deborah M. Wozniak, M.D. 331 Avenue "C" Bayonne, NJ 07002	Self-Employed Occupation Physician	9/8/94	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		
David I. Reissman, M.D. 111 James St., P.O. Box 2115 Edison, NJ 08818	Self-Employed Occupation Physician	9/19/94	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		
Carl L. Raso, M.D. 1868 Hooper Ave Toms River, NJ 08753	Self-Employed Occupation Physician	9/9/94	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		
Albert Johnson, M.D. Medical Plaza, Suite B 215 Union Ave Bridgewater, NJ 08807	Self-Employed Occupation Physician	9/9/94	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		
Stephen D. Feldman, M.D. 101 Old Short Hills Rd., Suite 206 West Orange, NJ 07052	Self-Employed Occupation Physician	9/12/94	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		
Edrenalinda P. Bagon, M.D. 850 Avenue C Bayonne, NJ 07002	Self-Employed Occupation Physician	9/13/94	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)	1,750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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)

94039034	A. Full Name, Mailing Address and ZIP Code Abraham D. Ruiz, M.D. P.O. Box 7100 Jersey City, NJ 07307	Name of Employer Self-Employed	Date (month, day, year) 9/15/94	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	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
	B. Full Name, Mailing Address and ZIP Code Peter A Gross, M.D. Hackensack Hospital (Med) 30 Prospect Ave Hackensack, NJ 07601	Name of Employer Self-Employed	Date (month, day, year) 9/15/94	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	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Gary O. Simons, M.D. So. Jersey Med Ctr. Route 70 at Eastgate Drive Suite 1 Cherry Hill, NJ 08034	Name of Employer Self-Employed	Date (month, day, year) 9/19/94	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	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code Leticia Villanueva DeCastro, M.D. 180 Lafayette Ave Edison, NJ 08837	Name of Employer Self-Employed	Date (month, day, year) 9/19/94	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	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Gladys Halvorsen, M.D. 55 Hillside Ave Tenafly, NJ 07670	Name of Employer Self-Employed	Date (month, day, year) 9/19/94	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	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Charles G. Kalko, M.D. 1833 Oak Tree Road Edison, NJ 08820	Name of Employer Self-Employed	Date (month, day, year) 9/20/94	Amount of Each Receipt this Period 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation Physician	Aggregate Year-to-Date > \$ 350.00		
G. Full Name, Mailing Address and ZIP Code Aruna J. K. Ballem, M.D. 230 Sherman Ave Glen Ridge, NJ 07028	Name of Employer Self-Employed	Date (month, day, year) 9/20/94	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	Occupation Physician	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional)	1,850.00
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 13 OF 13
FOR LINE NUMBER 11 & 12

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

94039263905

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elpidio T. Marcelo, M.D. 302 24th Street Union City, NJ 07087	Self-Employed	9/28/94	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold I. Jawetz, M.D. 540 Broadway Passaic, NJ 07055	Self-Employed	9/28/94	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
A. Frank Weitzman, M.D. 34 Laura Lane Morristown, NJ 07960	Self-Employed	9/29/94	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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ramesh C. Tandon, M.D. 477 Stuyvesant Avenue Lyndhurst, N.J. 07071	Self-Employed	8/3/94	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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ramesh C. Tandon, M.D. 477 Stuyvesant Avenue Lyndhurst, N.J. 07071	Self-Employed	8/19/94	(250.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): check returned for insufficient funds	Occupation: Physician 8/3/94	check returned for insufficient funds	
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)	750.00
TOTAL This Period (last page this line number only)	21,900.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

94039263906

A. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont Avenue, N.W. Washington, D.C. 20005	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	9/12/94	\$50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Refund of dues for Ramon S. Garcia		From: <input type="checkbox"/> From: <input type="checkbox"/> To: <input type="checkbox"/>	\$ 50.00
B. 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 >	\$
C. 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 >	\$
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 >	\$

SUBTOTAL of Receipts This Page (optional) \$50.00

TOTAL This Period (less page this line number only) \$50.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

94059263307

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311	N/A	7/29/94	7.34
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Interest</u>	Occupation	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	N/A	8/31/94	9.08
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Interest</u>	Occupation	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	N/A	9/30/94	8.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Interest</u>	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code			
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			
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			
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			
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) 24.92

TOTAL This Period (last page this line number only) 24.92

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

9403916308

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)	7/12/94	1,400.00
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 type="checkbox"/> Other (specify)	7/21/94	350.00
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)	8/22/94	4,055.00
AMPAC 1101 Vermont Ave, N.W. Washington, D.C. 20005	Fund raised through joint fund-raising efforts Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	9/12/94	3,800.00
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)	9/30/94	2,100.00
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	11,705
TOTAL This Period (last page this line number only)	11,705

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

94039263909

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Fallone For Congress P.O. Box 3176 Long Branch, N.J. 07740	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/94	1,500.00
Zimmer For Congress P.O. Box 782 Morristown, N.J. 07963	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/22/94	2,500.00
Andrews For Congress 215 4th Avenue Haddon Heights, NJ 08035	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,000.00
LoBiondo Committee to Change Congress P.O. Box 775 Marmora, NJ 08223	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00
Committee to Re-Elect Congressman Chris Smith 217 Hancock Avenue Bridgewater, NJ 08807	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,400.00
Committee to Re-Elect Congresswoman Marge Roukema P.O. Box 625 Ridgewood, New Jersey 07451	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00
Franks For Congress 219 South Street #203 New Providence, NJ 07974	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00
Friends of Jim Saxton P.O. Box 795 Mt. Holly, NJ 08060	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00
Martini For Congress 68 Adams Terrace Clifton, NJ 07013	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	2,500.00

SUBTOTAL of Disbursements This Page (optional)	20,900.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule for each category of the Detailed Summary Page

PAGE 2 OF 2
FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

New Jersey Medical Political Action Committee (JEMPAC)

94039463910

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Russo For Congress 639 Ten Eyck Lyndhurst, NJ 07071	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	500.00
B. Full Name, Mailing Address and ZIP Code Frelinghuysen For Congress Park Square Bldg W. Park Pl., Room 312 Morristown, NJ 07960	Candidate Support Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/94	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)	26,400.00
TOTAL This Period (last page this line number only)	26,400.00

**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

10-12-94

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

J.M.H.
 PREPARER

11-13-94
 DATE PREPARED

94039263911