REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
APR 24 12 23 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, NEW JERSEY 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 5/01/97 through 5/31/97		
6. (a) Cash on Hand January 1, 19 97		$ -0-
(b) Cash on Hand at Beginning of Reporting Period	$ 6,550.14	
(c) Total Receipts (from Line 19)	$ 6,998.05	$ 13,548.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 13,548.19	$ 13,548.19
7. Total Disbursements (from Line 30)	$ 125.89	$ 125.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 13,422.30	$ 13,422.30
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 M. PRENTICE, ASSISTANT TREASURER

Signature of Treasurer
WM Pr

Date
4/17/98

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: NEW JERSEY DENTAL ASSOCIATION FEDERAL PAC

REPORT COVERING PERIOD FROM: 5/01/97 TO: 5/31/97

	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)	5460.00	9685.00	11(a)(i)
ii. Unitemized	1530.00	3855.00	11(a)(ii)
iii. Total (add i and ii) ➤	6990.00	13540.00	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) ➤	6990.00	13540.00	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.)	8.05	8.19	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) ➤	6998.05	13548.19	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	6998.05	13548.19	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	125.89	125.89	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	125.89	125.89	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-	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) ➤	125.89	125.89	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	125.89	125.89	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	6990.00	13540.00	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	6990.00	13540.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	125.89	125.89	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	125.89	125.89	37

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Herbert Dolinsky 2784 Kennedy Blvd. Jersey City, NJ 07306 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/7/97	255.00
B. Robert Goodwin Ocean Medical Park, Ste. D4 216B Jack Martin Blvd., Brick, NJ 08742 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/7/97	255.00
C. Robert Isaacson 532 Cedar Avenue W. Long Branch, NJ 07764 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/7/97	225.00
D. Charles Trad 2701 Highway 70 Manasquan, NJ 08736 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/3/97	300.00
E. Robert Hersch 40 Woodstock Place Freehold, NJ 07725 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/6/97	225.00
F. Thomas Breithaupt 1420 Lawerence Road Lawrenceville, NJ 08648 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/12/97	225.00
G. Morton J. Stern 375 S. Washington Ave. Bergenfield, NJ 07621 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/15/97	225.00

SUBTOTAL of Receipts This Page (optional) 1710.00

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

PAGE 2 OF 2

FOR LINE NUMBER

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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	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard D. Riva 33 Main St., Ste. 201 Chatham, NJ 07928 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/15/97	225.00
B. Frederic C. Sterritt 8 Daniel Dr. Belle Meade, NJ 08502 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/15/97	1000.00
C. NJ AGD P.O. Box 7215 North Brunswick, NJ 08902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N.A. Occupation: N.A. Aggregate Year-to-Date > $	5/19/97	225.00
D. Roy Ziff 307 Boulevard Hasbrouck Heights, NJ 07604 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/1/97	600.00
E. Donald Bershstein 125 Livingston Ave. Edison, NJ 08820 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-employed Occupation: Dentist Aggregate Year-to-Date > $	5/19/97	1700.00
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) 3750.00

TOTAL This Period (last page this line number only) 5460.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE I OF 1

FOR LINE NUMBER 21 b

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NAME OF COMMITTEE (in Full)

NEW JERSEY DENTAL ASSOCIATION FEDERAL PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
THE BANK OF NEW YORK RARITAN PLAZA ONE Raritan Ctr. Edison, NJ 08837	CHECKBOOK PRINTING CHARGE Disbursement for: Primary General Other (specify)	5/19/97	125.89
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General 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: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	125.89
TOTAL This Period (last page this line number only)	125.89

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
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DB
PREPARER

04/24/98
DATE PREPARED

(4/98)