

JEMPAC

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

New Jersey Medical Political Action Committee
12 Princess Road □ Lawrenceville, NJ 08648-2302 □ Tel 609/896-1766 □ Fax 609/896-1368

JUL 15 10 49 AM '96

July 11, 1996

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

Enclosed please find the New Jersey Medical Political Action Committee's (JEMPAC)
July 15, 1996 Quarterly Report.

Sincerely yours,



Barbara S. Mihalik
Executive Director/
Assistant Treasurer

BSM/jrd

cc: NJ Election Division

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 registered member. Neither the AMA nor the Medical Society of New Jersey will favor or disadvantage anyone based on the amount 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 1101, 1102, and 1105 (FEC regulations require this notice).

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 15 10 49 AM '96

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
2 Princess Road

CITY, STATE and ZIP CODE
Lawrenceville, New Jersey 08648

2. FEC IDENTIFICATION NUMBER
C 00039123

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>July 16, 1996</u> through <u>June 30, 1996</u>		
6.	(a) Cash on Hand January 1, 1996		\$ 18,340.29
	(b) Cash on Hand at Beginning of Reporting Period	\$ 42,759.02	
	(c) Total Receipts (from Line 19)	\$ 10,482.35	\$ 37,765.58
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 53,241.37	\$ 56,105.87
7.	Total Disbursements (from Line 30)	\$ 11,137.80	\$ 14,002.30
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 42,103.57	\$ 42,103.57
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 800-424-8530 Local 202-218-3420
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: 7/12/96

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

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FEC FORM 3X
(revised 9/93)

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 5/16/96 TO 6/30/96	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	9,400.00	33,400.00
ii.	Unitemized	1,050.00	4,300.00
iii.	Total (add i and ii) >	10,450.00	37,700.00
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions (add a ii, b and c) >	10,450.00	37,700.00
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.)	32.35	65.58
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	10,482.35	37,765.58
20.	Total Federal Receipts (subtract line 18 from line 19) >	10,482.35	37,765.58
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	237.80	252.30
c.	Total Operating Expenditures (add a i, a ii, and b) >	237.80	252.30
22.	Transfers to Affiliated/Other Party Committees	5,900.00	8,250.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	5,000.00	5,500.00
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, 28d, and 29) >	11,137.80	14,002.30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	11,137.80	14,002.30
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	10,450.00	37,700.00
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	10,450.00	37,700.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	237.80	252.30
36.	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37.	Net Operating Expenditures (subtract line 36 from 35) >	237.80	252.30

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 6

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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roy J. Cobb, M.D. 504 Summit Ave Maplewood, NJ 07040	Morris Imaging Assoc.	5/16/96	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	
Harvey K. Bucholtz, M.D. 130 Wyoming Ave Maplewood, NJ 07040	M.E.N.S., Pa.	5/16/96	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	
Eileen Marie Moynihan, M.D. 1304 Maple Ave Haddon Heights, NJ 08035	Self-Employed	5/16/96	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 A. McGee, M.D. 55 Newton-Sparta Rd. Newton, NJ 07860	Self-Employed	5/16/96	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	
Robert H. Stackpole, M.D. 29 Scotland Rd. Elizabeth, NJ 07208	Urological Group of Union County	5/17/96	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 V. Harrer, M.D. 241 Kings Highway West Haddonfield, NJ 08033	Self-Employed	5/21/96	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	
Edwin A. Deitch, M.D. 488 Old Short Hills Rd. Short Hills, NJ 07078	UMDNJ-University Hospital	5/22/96	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 2 OF 6

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)

A. Full Name, Mailing Address and ZIP Code Mohan Makhija, M.D. 5 High Ridge Rd. Ocean, NJ 07712	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Physician		Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Robert Beitman, M.D. 316 N. Quail Dr. Marmora, NJ 08223	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 5/22/96	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 Dennis P. Fielding, M.D. 17 RT, 23 North Hamburg, NJ 07419	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 5/22/96	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 LoBuono, M.D. 104 Lake Drive Allenhurst, NJ 07711	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 5/28/96	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 Natalie Sarkanich-Watson, M.D. 65 Mtn Blvd Est, Suite 205 Watchung, NJ 07060	Name of Employer Warren Pediatric Assoc Occupation Physician	Date (month, day, year) 5/28/96	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 Jeremias T. Dubyk, M.D. 239 Lafayette Newark, NJ 07105	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 5/28/96	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 Miguel Damien, M.D. 200 White Rd., Suite 214 Little Silver, NJ 07739	Name of Employer Self-Employed Occupation Physician	Date (month, day, year) 5/28/96	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 schedule(s) for each category of the Detailed Summary Page

PAGE 3 OF 6
FOR LINE NUMBER 11.8.1.

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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
John A. Cece, M.D. 208 Colfax Rd. Wayne, NJ 07470	Self-Employed	5/28/96	400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation Physician	Aggregate Year-to-Date > \$ 400.00	
B. Full Name, Mailing Address and ZIP Code Paul J. Hirsch, M.D. 720 US Highway 202-206 Bridgewater, NJ 08807	Biosport	5/28/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code Robert A. Carabelli, M.D. 1245 Whitehorse-Mercerville Rd. Suite 424 Hamilton Twp, NJ 08619	The Back Rehab Institute	5/29/96	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 Claude L. Gerstle, M.D. 806 Minsi Trail Franklin Lakes, NJ 07417	Self-Employed	5/29/96	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 Manfred A. Strott, M.D. Box 750 Montclair, NJ 07043	Women's Medical Care	5/30/96	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 Linda DeGaeta, M.D. 20 Sheephill Drive Gladstone, NJ 07934	Self-Employed	6/4/96	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	
G. Full Name, Mailing Address and ZIP Code Stephen J. Angeli, M.D. 741 Teaneck Rd. Teaneck, NJ 07666	Self-Employed	6/4/96	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) 1,900.00

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 4 OF 6

FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

<p>A. Full Name, Mailing Address and ZIP Code Michael J. Bercik, M.D. 711 Westminster Ave Elizabeth, NJ 07208</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) 6/4/96</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Lisa Marie Bonavenutra M.D. 3 Apgar Way Lebanon, NJ 08833</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) 6/4/96</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Hervey S. Sicherman, M.D. 66 Chandler Dr. Wayne, NJ 07470</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) 6/6/96</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Eric Munoz, M.D. 121 Oak Ridge Ave 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 University of Medicine and Dentistry of NJ University Hospital</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 6/6/96</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Palma E. Formica, M.D. St. Peter's Medical Center 254 Easton Avenue New Brunswick, NJ 08903</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Name of Employer UMDNJ-RWJ Medical School</p> <p>Occupation Physician / Professor</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 6/12/96</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Pascal A. Pironti, M.D. 475 Springfield Ave 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) 6/12/96</p>	<p>Amount of Each Receipt This Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code William T. Anderson, M.D. 2143 S. Branch Rd. Somerville, NJ 08876</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) 6/13/96</p>	<p>Amount of Each Receipt This Period 250.00</p>

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 5 OF 6

FOR LINE NUMBER 11.a.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
Mary F. Campagnolo, M.D. 72 Greenwich Drive Mont Holly, NJ 08060	Ashurst Family Physicians	6/13/96	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
Kishor J. Jobanputra, M.D. 2143 S. Branch Rd. Somerville, NJ 08876	Self-Employed	6/14/96	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
Roy G. Cabrera, M.D. 18 William Penn Rd. Warren, NJ 07059	GEROA	6/20/96	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
Elizabeth S. Bussard, M.D. 127 Old York Rd. Ringoes, NJ 08551	Self-Employed	6/21/96	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
Harry M. Carnes, M.D. W. Pine & Atlantic Aves Audubon, NJ 08106	Self-Employed	6/24/96	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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony P. Caggiano, Jr., M.D. 123 Highland Ave Glen Ridge, NJ 07028	Self-Employed	6/25/96	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William L. Diehl, M.D. 28 Normandy Pkwy Convent Station, NJ 07961	Self-Employed	6/26/96	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 6 OF 6
FOR LINE NUMBER 11.a.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
Edward Von Der Schmidt, M.D. 11 Terhune Rd. Princeton, NJ 08540	Self-Employed	6/27/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation Physician		
B. Full Name, Mailing Address and ZIP Code Sander M. Cohen, M.D. 5 Cameo Ct. Cherry Hill, NJ 08003	So. Jersey Eye Physicians	6/27/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership	Occupation Physician		
C. 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		
D. 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		
E. 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		
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		
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		

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only) 9,400.00

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 (JENPAC)

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	4/30/96	11.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$	
B. 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	5/31/96	11.02
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	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
Dean Witter Trust Company Harborside Financial Center Plaza 2, Second Floor Jersey City, NJ 07311	N/A	6/28/96	10.01
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Interest	Occupation	Aggregate Year-to-Date > \$ 65.58	
D. 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 > \$	
E. 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 > \$	
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) 32.35

TOTAL This Period (last page this line number only) 32.35

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21-6

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Harry M. Carnes West Pine & Atlantic Aves Audubon, NJ 08106	Legislative dinner discussion Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	6/25/96	237.80
B. 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
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

SUBTOTAL of Disbursements This Page (optional) 237.80

TOTAL This Period (last page this line number only) 237.80

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 22

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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
AMPAC 1101 Vermont Ave N.W. 12 floor 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)	5/20/96	4,250.00
AMPAC 1101 Vermont Ave N.W. 12 floor 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)	6/6/96	1,200.00
AMPAC 1101 Vermont Ave N.W. 12th floor 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)	6/17/96	450.00
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)

5,900.00

TOTAL This Period (last page this line number only)

5,900.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NJ Republican State Committee 28 West State St. Suite 305 Trenton, NJ 08608	General Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/28/96	5,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

5,000.00

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

7-15-96

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

Jeb
PREPARER

7-15-96
DATE PREPARED