



New Jersey Medical Political Action Committee

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

June 13, 1994

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

Dear Sir:

Enclosed is an amended report for the New Jersey Medical Political Action Committee's (JEMPAC) Twelfth day report preceding the Primary election on June 7, 1994 in the State of New Jersey.

Please note that on Schedule A, Itemized Receipts, line number 11 (a.)(i.), the total of the itemized contributions received was \$15,500.00 and not \$15,750.00 as originally reported.

The Detailed Summary Page for Itemized and Unitemized Contributions as well as page 2 of 9 and 9 of 9 on Schedule A, line number 11 (a.)(i.), have been changed to show the correct calculations.

Sincerely yours,

*Barbara S. Mihalik*

Barbara S. Mihalik  
Executive Director/  
Assistant Treasurer

bsm  
Enclosure

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 as a PERSONAL CHECK. Contributions are restricted to the suggested amount. Neither the AHA nor the Medical Society of New Jersey will favor or disfavor 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 FEC Regulations, Sections 110.1, 110.2, and 110.5. (Federal regulations require this notice).

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# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) New Jersey Medical Political Action Committee (JEMPAC)	2. FEC IDENTIFICATION NUMBER C 000 39123 has
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported Two Princess Rd.	3. <input checked="" type="checkbox"/> This committee qualified as a multicandidate committee during this reporting period on _____ (date).
CITY, STATE and ZIP CODE Lawrenceville, NJ 08648	

### 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding Primary (Type of Election)  
 election on June 7 in the State of NJ
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>April 1, 1994</u> through <u>May 18, 1994</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 16,062.94
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,879.03	
(c) Total Receipts (from Line 19)	\$ 21,350.00	\$ 29,916.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 41,229.03	\$ 45,979.03
7. Total Disbursements (from Line 30)	\$ 14,700.00	\$ 19,450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 26,529.03	\$ 26,529.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of <del>REPORTER</del> Assistant Treasurer Barbara S. Mihalik	
Signature of <del>REPORTER</del> Assistant Treasurer <i>Barbara S. Mihalik</i>	Date 6/13/94

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

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

(revised 11/91)

NAME OF COMMITTEE New Jersey Medical Political Action Committee (JEMPAC)		REPORT COVERING PERIOD FROM 4/1/94 TO 5/18/94	
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)		15,500.00	15,750.00
k. Unitemized		5,850.00	14,150.00
ii. Total (add i and ii) >		21,350.00	29,900.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, b and c) >		21,350.00	29,900.00
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.)		-0-	16.09
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		21,350.00	29,916.09
20. Total Federal Receipts (subtract line 18 from line 19) >		21,350.00	29,916.09
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
l. 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		4,700.00	5,950.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		10,000.00	13,500.00
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. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds (add a, b and c) >		-0-	-0-
29. Other Disbursements		-0-	-0-
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		14,700.00	19,450.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		14,700.00	19,450.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		21,350.00	29,900.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		21,350.00	29,900.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) >		-0-	-0-

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 9  
FOR LINE NUMBER 1171

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)

<p>A. Full Name, Mailing Address and ZIP Code Walter J. Kahn, M.D. 16 Tuxedo Rd. Rumson, N.J. 07760</p>	<p>Name of Employer Self-Employed</p>	<p>Date (month, day, year) 4-12-94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Occupation Physician</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>	
<p>B. Full Name, Mailing Address and ZIP Code Louis G. Fares, Sr., M.D. 2759 Nottingham Way Trenton, N.J. 08619</p>	<p>Name of Employer Self-Employed</p>	<p>Date (month, day, year) 4/28/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Occupation Physician</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>	
<p>C. Full Name, Mailing Address and ZIP Code Asghar Chuback, M.D. 11-01 Saddle River Rd. Fair Lawn, NJ 07410</p>	<p>Name of Employer Self-Employed</p>	<p>Date (month, day, year) 4/29/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Occupation Physician</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>	
<p>D. Full Name, Mailing Address and ZIP Code David N. Bramwit 28 Arrowhead Rd. Old Tappan, NJ 07675</p>	<p>Name of Employer Self-Employed</p>	<p>Date (month, day, year) 4/29/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Occupation Physician</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>	
<p>E. Full Name, Mailing Address and ZIP Code Emmons G. Paine, M.D. 17 N. Riding Drive Cherry Hill, NJ 08003</p>	<p>Name of Employer Self-Employed</p>	<p>Date (month, day, year) 4/29/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Occupation Physician</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>	
<p>F. Full Name, Mailing Address and ZIP Code Churchill L. Blakey, M.D. 107 E. Mantua Ave Wenonah, NJ 08090</p>	<p>Name of Employer Self-Employed</p>	<p>Date (month, day, year) 4/29/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Occupation Physician</p>	<p>Aggregate Year-to-Date &gt; \$ 250.00</p>	
<p>G. Full Name, Mailing Address and ZIP Code Elizabeth Bussard, M.D. 127 Old York Road Ringoes, NJ 08851</p>	<p>Name of Employer Self-Employed</p>	<p>Date (month, day, year) 4/29/94</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>	<p>Occupation Physician</p>	<p>Aggregate Year-to-Date &gt; \$ 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 2 of 9

FOR LINE NUMBER

1141

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Weinstein, M.D. Northern Ocean Prof. Plaza 525 Route 70 - Suite L2 Lakewood, NJ 08701	Self-Employed	4/29/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation <b>Physician</b>	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Lincoln Shimomura, M.D. 104 Branch Rd. Bridgewater, NJ 08807	Self-Employed	4/29/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation <b>Physician</b>	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Daniel D. Manzi, M.D. 50 Newark Ave. - Suite 207 Belleville, NJ 07109	Self-Employed	5/2/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation <b>Physician</b>	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code John R. Ayers, Jr. M.D. Sunshine Hill Farms, Bailey Corner Rd. RD 1 Box 417 Wall, NJ 07719	Self-Employed	5/3/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation <b>Physician</b>	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Alberto J. Taboada, M.D. 3 Twilight Drive Brick, NJ 08723-5858	Self-Employed	5/3/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation <b>Physician</b>	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Michael Samach, M.D. 7 Waverly Court Morris Plains, NJ 07950	Self-Employed	5/3/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Membership</b>	Occupation <b>Physicians</b>	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)	1,500.00
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 1161

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

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<p>A. Full Name, Mailing Address and ZIP Code Nicole DiGuglielmo, M.D. 1400 State Hwy. #35 Ocean Township, NJ 07712</p>	Name of Employer Self-Employed	Date (month, day, year) 5/3/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>		Aggregate Year-to-Date > \$ 250.00	
<p>B. Full Name, Mailing Address and ZIP Code John W. Petrozzi, M.D. 87 Algonquin Trail Medford Lakes, NJ 08055</p>	Name of Employer Self-Employed	Date (month, day, year) 5/4/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>		Aggregate Year-to-Date > \$ 250.00	
<p>C. Full Name, Mailing Address and ZIP Code Joseph A. Riggs, M.D. 117 Kings Highway West Haddonfield, NJ 08033</p>	Name of Employer Self-Employed	Date (month, day, year) 5/4/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>		Aggregate Year-to-Date > \$ 250.00	
<p>D. Full Name, Mailing Address and ZIP Code R. Gregory Sachs, M.D. 92 Mountain Ave Summit, NJ 07901</p>	Name of Employer Self-Employed	Date (month, day, year) 5/ 4/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>		Aggregate Year-to-Date > \$ 250.00	
<p>E. Full Name, Mailing Address and ZIP Code Vincent F. Milato, M.D. 893 Tok Place Bridgewater, NJ 08807</p>	Name of Employer Self-Employed	Date (month, day, year) 5/4/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>		Aggregate Year-to-Date > \$ 250.00	
<p>F. Full Name, Mailing Address and ZIP Code Arthur H. Popkave, M.D. 3500 Westwood Drive Easton, Pa 18042</p>	Name of Employer Self-Employed	Date (month, day, year) 5/4/94	Amount of Each Receipt this Period 500.00
	Occupation Physician		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>		Aggregate Year-to-Date > \$ 500.00	
<p>G. Full Name, Mailing Address and ZIP Code Mark D. Popkin, M.D. 261 James St. Unite 2B Morristown, NJ 07960</p>	Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership</p>		Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) 2,000.00

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 9  
FOR LINE NUMBER 1191

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

A. Full Name, Mailing Address and ZIP Code Jose Longo-Salvador, M.D. 250 George Rd. Cliffside Park, NJ 07010	Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		
Aggregate Year-to-Date > \$ 250.00			
B. Full Name, Mailing Address and ZIP Code Mark S. Pascal, M.D. 5 Summit Ave Hackensack, NJ 07601	Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		
Aggregate Year-to-Date > \$ 250.00			
C. Full Name, Mailing Address and ZIP Code Irving P. Ratner, M.D. 105 Mewa Lane Cherry Hill, NJ 08046	Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		
Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code Ted Gallagher, M.D. 121 Gill Rd. Haddonfield, NJ 08033	Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		
Aggregate Year-to-Date > \$ 250.00			
E. Full Name, Mailing Address and ZIP Code Anthony P. Caggiano, Jr. M.D. 123 Highland Ave Glen Ridge, NJ 07028	Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		
Aggregate Year-to-Date > \$ 250.00			
F. Full Name, Mailing Address and ZIP Code Edward C. Friedland, M.D. 25-15 Fair Lawn Ave Fair Lawn, NJ 07410	Name of Employer Self-Employed	Date (month, day, year) 5/6/95	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		
Aggregate Year-to-Date > \$ 250.00			
G. Full Name, Mailing Address and ZIP Code Sanford Fineman, M.D. 8 Marion Lane Scotch Plains, NJ 07076	Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 250.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		
Aggregate Year-to-Date > \$ 250.00			

SUBTOTAL of Receipts This Page (optional) ..... 1,750.00

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 5 OF 9

FOR LINE NUMBER

11 a. i.

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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 Pass, M.D. 10 Rampapo Lane Upper Saddle River, NJ 0745B		Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Aiden J. Doyle, M.D. 1303 Rt. 27 Somerset, NJ 08873		Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		Occupation Physician	Aggregate Year-to-Date > \$ 1,000.00	
C. Full Name, Mailing Address and ZIP Code Howard G. Adelman, M.D. 205 Third Ave, Apt. 6B New York, NY 10003		Name of Employer Self-Employed	Date (month, day, year) 5/6/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Joseph H. Reichman, M.D. Suite E-30 Executive Mews 1930 State Hwy. 70 Cherry Hill, NJ 08003		Name of Employer Self-Employed	Date (month, day, year) 5/10/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Michael P. Basista 122 Downey Drive Tenafly, NJ 07670		Name of Employer Self-Employed	Date (month, day, year) 5/10/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Richard K. Spence, M.D. 1828 Cardinal Lake Rd. Cherry Hill, NJ 08003		Name of Employer Self-Employed	Date (month, day, year) 5/2/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Patricia G. Klein, M.D. 665 Soldier Hill Rd. Oradill, NJ 07649		Name of Employer Self-Employed	Date (month, day, year) 5/2/94	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>		Occupation Physician	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional) .....				2,500.00
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 OF 9  
6 1  
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 Eric S. Englestein, M.D. 7 Louis Drive Budd Lake, NJ 07828	Name of Employer Self-Employed	Date (month, day, year) 5/2/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
B. Full Name, Mailing Address and ZIP Code James R. Tyler 134 Fresh Pond Rd. East Brunswick, NJ 08816	Name of Employer Self-Employed	Date (month, day, year) 5/10/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
C. Full Name, Mailing Address and ZIP Code Fred O. Dorey, Jr. 609 Hunter St. Woodbury, NJ 08096-2525	Name of Employer Self-Employed	Date (month, day, year) 5/10/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
D. Full Name, Mailing Address and ZIP Code Miguel Damien, M.D. 3 Paag Lane Little Silver, NJ 07739	Name of Employer Self-Employed	Date (month, day, year) 5/10/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
E. Full Name, Mailing Address and ZIP Code Raymond E. Adams, M.D. 311 E. Munn Lane Cherry Hill, NJ 08034	Name of Employer Self-Employed	Date (month, day, year) 5/10/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
F. Full Name, Mailing Address and ZIP Code Lawrence W. Borowec, M.D. 64 Mt. Moreb Rd. Warren, NJ 07059	Name of Employer Self-Employed	Date (month, day, year) 5/12/94	Amount of Each Receipt this Period 500.00
	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			
G. Full Name, Mailing Address and ZIP Code Richard E. Pelosi, M.D. 14 Eckert Farm Rd. Saddle River, NJ 07458	Name of Employer Self-Employed	Date (month, day, year) 5/12/94	Amount of Each Receipt this Period 250.00
	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Membership			

SUBTOTAL of Receipts This Page (optional) ..... 2,000.00

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

3  
4  
5  
6  
7  
8  
9  
0  
1  
2  
3  
4  
5  
6  
7  
8  
9  
0

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 05  
7 1  
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)

2 + 3 9 0 2 + 3 9 0

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert G. Emery, M.D. 201 Rosehill Ave Phillipsburg, NJ 08865	Self-Employed	5/11/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Occupation <u>Physician</u>	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
Robert DeMartin, M.D. Hwy. 35 and Laurel Ave Sea Girt, NJ 08750	Self-Employed	5/11/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Occupation <u>Physician</u>	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
Thomas Witomski, M.D. 2374 Birch Place Manasquan, NJ 08736	Self-Employed	5/11/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Occupation <u>Physician</u>	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
Donald J. Holtzman, M.D. 701 Newark Ave Elizabeth, NJ 07208	Self-Employed	5/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Occupation <u>Physician</u>	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
S. Manzoor Abidi, M.D. 4 Silverwood Rd. Moorestown, NJ 08057-2118	Self-Employed	5/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Occupation <u>Physician</u>	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
Martin Swiecicki, M.D. 1101 N. Park Ave Haddon Heights, NJ 08035	Self-Employed	5/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Occupation <u>Physician</u>	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
Reid A. Lachman, M.D. 95 Madison Ave. Morristown, NJ 07960	Self-Employed	5/12/94	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Occupation <u>Physician</u>	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 9

FOR LINE NUMBER

11A.1.

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NAME OF COMMITTEE (in Full)

New Jersey Medical Political Action Committee (JEMPAC)

2439024971

A. Full Name, Mailing Address and ZIP Code Robert Beitman, M.D. 316 N. Quail Drive Marmora, NJ 08223		Name of Employer Self-Employed	Date (month, day, year) 5/12/94	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		Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Thomas Obade, M.D. 414 Tatum St. Woodbury, NJ 08096		Name of Employer Self-Employed	Date (month, day, year) 5/13/94	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 William Douglas Salerno, M.D. 38 Mayhill St. Saddle Brook, NJ 07662		Name of Employer Self-Employed	Date (month, day, year) 5/13/94	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 Jeffrey H. Charan, M.D. 19 Lorian Rd. Warren, NJ 07059-5444		Name of Employer Self-Employed	Date (month, day, year) 5/13/94	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 Michael R. Henderson, M.D. 8 Robert Drive Mountain Lakes, NJ 07046		Name of Employer Self-Employed	Date (month, day, year) 5/13/94	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 Kevin Fleming, M.D. 710 Station Ave Haddon Heights, NJ 08035		Name of Employer Self-Employed	Date (month, day, year) 5/16/94	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	
G. Full Name, Mailing Address and ZIP Code Elias N. Tsoukas, M.D. 245 East Main St. Ramsey, NJ 07446		Name of Employer Self-Employed	Date (month, day, year) 5/16/94	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) ..... 1,750.00

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)

A. Full Name, Mailing Address and ZIP Code Oscar A. Reicher, M.D. 2035 Hamburg Tpke. Wayne, NJ 07470  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Name of Employer Self-Employed  Occupation Physician  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/16/94	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Stephen M. Sachs, M.D. 15 Lewis Drive Maplewood, NJ 07040  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Membership</u>	Name of Employer Self-Employed  Occupation Physician  Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 5/16/94	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation   Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)	500.00
TOTAL This Period (last page this line number only)	15,500.00

2 1 0 3 9 0 2 4 7 0

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 (JENPAC)

2 - 0 3 9 0 2 4 9 1 9

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AMPAC 1101 Vermont Avenue, 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)	4/11/94	250.00
B. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont Avenue, 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)	5/11/94	2,450.00
C. Full Name, Mailing Address and ZIP Code AMPAC 1101 Vermont Avenue, 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)	5/16/94	2,000.00
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) ..... 4,700.00

TOTAL This Period (last page this line number only) ..... 4,700.00

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lo Biondo Committee to Change Congress 738 East Landis Ave Vineland, NJ 08360-9884	Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/94	5,000.00
B. Full Name, Mailing Address and ZIP Code Gormley For Congress Primary 4280 Harbor Beach Blvd. Brigantine, NJ 08203	Candidate Support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/10/94	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) ..... 10,000.00

TOTAL This Period (last page this line number only) ..... 10,000.00

9 - 0 3 9 0 2 5 0 0 0

**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.

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 6-13-94
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

*Stt.*  
 PREPARER

6-17-94  
 DATE PREPARED

2039025001