

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
 New Jersey Medical Political Action Committee (JEMPAC)

ADDRESS (number and street) Tyro Princess Road
 Check if different than previously reported. (ACC) Lawrenceville NJ 08648

2. **FEC IDENTIFICATION NUMBER** C00039123
CITY **STATE** **ZIP CODE**
 3. **IS THIS REPORT** **NEW (N)** **OR** **X** **AMENDED (A)**

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:		Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report(Q1)		Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)
July 15 Quarterly Report(Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)
X October 15 Quarterly Report(Q3)			Convention (12C)	Special (12S)	
January 31 Quarterly Report(YE)		Election on			in the State of
July 31 Mid-Year Report(Non-election Year Only) (MY)	(d) 30-Day Post -Election Report for the:		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)		Election on			in the State of

5. Covering Period 07 01 2002 through 09 30 2002

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 Barbara S. Mihalik, Asst. Treasurer
 Signature of Treasurer Electronically Filed by Barbara S. Mihalik, Asst. Treasurer Date 02 13 2003

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: ^h07 ^d01 ^y2002 To: ^h09 ^d30 ^y2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^y 2002		18595.36
(b) Cash on Hand at Beginning of Reporting Period	55574.55	
(c) Total Receipts (from Line 19)	12411.78	60606.70
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67986.33	79192.06
7. Total Disbursements (from Line 30)	11228.32	22434.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	56758.01	56758.01
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Revised 1/2001)

Page 3

Write or Type Committee Name

New Jersey Medical Political Action Committee (JEMPAC)

Report Covering the Period: From: ^h07 ^D01 ^v2002 To: ^h09 ^D30 ^v2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	8850.00	
(ii) Unitemized	3450.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12300.00	60465.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	12300.00	60465.00
12. Transfers From Affiliated/Other Party Committees	100.00	105.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	11.78	36.70
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	12411.78	60606.70
20. Total Federal Receipts (subtract Line 18 from Line 19)	12411.78	60606.70

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/2001)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2178.32	2734.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2178.32	2734.05
22. Transfers to Affiliated/Other Party Committees.....	6050.00	14200.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	5500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	11228.32	22434.05
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	11228.32	22434.05
<hr/>		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	12300.00	60465.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	12300.00	60465.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	2178.32	2734.05
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	2178.32	2734.05

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)

Full Name (Last, First, Middle Initial)
A. Ambrose John MD

Mailing Address
428 Union Boulevard

City State Zip Code
Totowa NJ 07512

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6082

Full Name (Last, First, Middle Initial)
B. Andronaco Raymond B MD

Mailing Address
478 Lafayette Street

City State Zip Code
Cresskill NJ 07626-1213

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Urologic Specialties Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6088

Full Name (Last, First, Middle Initial)
C. Ayyagari Kamalakar R MD

Mailing Address
7 Lenape Road

City State Zip Code
Short Hills NJ 07078-1212

Date of Receipt
M M / D D / Y Y Y Y
07 / 18 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General Other (specify) ▼ 250.00

Transaction ID: SA11A1.6110

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 21

(check only one)

11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Barsuk Gregory MMD

Mailing Address
1418 Hooper Avenue

City State Zip Code
Toms River NJ 08753

Date of Receipt
M M / D D / Y Y Y Y
09 / 04 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self-employed Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6167

Full Name (Last, First, Middle Initial)
B. Bussard Elizabeth S MD

Mailing Address
127 Old York Road

City State Zip Code
Ringoes NJ 08551

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6078

Full Name (Last, First, Middle Initial)
C. Campbell Ann Maria, MD

Mailing Address
187 Millburn Avenue Suite 3

City State Zip Code
Millburn NJ 07041

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self-employed Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6068

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. D'Amico Richard A MD

Mailing Address
180 N Dean Street Suite 3NE

City State Zip Code
Englewood NJ 07631

Date of Receipt
M M / D D / Y Y Y Y
08 / 02 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6145

Full Name (Last, First, Middle Initial)
B. Di Giacomo Dennis MD

Mailing Address
1 Avery Ct

City State Zip Code
Madison NJ 07940

Date of Receipt
M M / D D / Y Y Y Y
08 / 16 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer VMA Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6155

Full Name (Last, First, Middle Initial)
C. Fares Louis G II MD

Mailing Address
6 Oxford Court

City State Zip Code
Lawrenceville NJ 08846

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Fares Surgical Associates Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6098

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Fein, Eric N. MD

Mailing Address
391 Hobart Avenue

City State Zip Code
Short Hills NJ 07078

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Jersey Anesthesiology Associates Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6121

Full Name (Last, First, Middle Initial)
B. Feldman David J MD

Mailing Address
18 Pocono Road, Suite 100

City State Zip Code
Denville NJ 07834

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
corporation - David J. Feldman, MD Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6139

Full Name (Last, First, Middle Initial)
C. Fleming Richard E Jr MD

Mailing Address
115 Stockton Street

City State Zip Code
Princeton NJ 08540

Date of Receipt
M M / D D / Y Y Y Y
08 / 01 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Princeton Orthopedic Associates Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6143

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 9 / 21
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Frattono, John D MD

Mailing Address
175 Vreeland Avenue

City State Zip Code
Rutherford NJ 07070

Date of Receipt
N M / D E / Y Y Y Y
07 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Women's Healthcare Group Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6119

Full Name (Last, First, Middle Initial)
B. Fried Ruthellen MD

Mailing Address
180 North Dean Street

City State Zip Code
Englewood NJ 07631

Date of Receipt
N M / D E / Y Y Y Y
07 / 16 / 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6111

Full Name (Last, First, Middle Initial)
C. Ioffreda Pasqualino MD

Mailing Address
78 Harrison Avenue

City State Zip Code
Highland Park NJ 08904

Date of Receipt
N M / D E / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6080

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
New Jersey Medical Political Action Committee (JEMPAC)

A. Kane Seth MD

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
636 Hennigar Place _____ 08 21 2002
City State Zip Code _____
Oradell NJ 07649 _____ Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 250.00

Name of Employer self-employed _____ Occupation _____
Physician _____

Receipt For: _____ Aggregate Year-to-Date ▼ _____
Primary General _____
Other (specify) ▼ _____ 250.00

Transaction ID: SA11A1.6163

B. Kemer Michael B MD

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
21 Hemlock Road _____ 07 18 2002
City State Zip Code _____
Livingston NJ 07039 _____ Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 250.00

Name of Employer _____ Occupation _____
Associates in Digestive Diseases _____ Physician _____

Receipt For: _____ Aggregate Year-to-Date ▼ _____
Primary General _____
Other (specify) ▼ _____ 250.00

Transaction ID: SA11A1.6113

C. Lenders David B MD

Full Name (Last, First, Middle Initial) _____ Date of Receipt _____
Mailing Address _____ N M / D E / Y Y Y Y
67 N. Hillside Pl _____ 08 05 2002
City State Zip Code _____
Ridgewood NJ 07450 _____ Amount of Each Receipt this Period _____

FEC ID number of contributing federal political committee. _____ 250.00

Name of Employer _____ Occupation _____
Bergen Cardiology _____ Physician _____

Receipt For: _____ Aggregate Year-to-Date ▼ _____
Primary General _____
Other (specify) ▼ _____ 250.00

Transaction ID: SA11A1.6173

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 11 / 21

11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Lane John F. MD

Mailing Address
1B Evergreen Lane

City State Zip Code
Watchung NJ 07060

Date of Receipt
M M / D D / Y Y Y Y
07 / 09 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
The Eye Center Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6090

B. Full Name (Last, First, Middle Initial)
Lifand Helen B MD

Mailing Address
1171 Evergreen Dr

City State Zip Code
Bridgewater NJ 08807-1227

Date of Receipt
M M / D D / Y Y Y Y
08 / 21 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6161

C. Full Name (Last, First, Middle Initial)
Mareesa Vincent A. Esq

Mailing Address
231 Pleasant Valley Road

City State Zip Code
Titusville NJ 08560-2108

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Medical Society of New Jersey Executive Director

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6100

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Mical Joseph N MD

Mailing Address
7B55 Boulevard East Suite 7C

City State Zip Code
North Bergen NJ 07047

Date of Receipt
M M / D D / Y Y Y Y
07 / 22 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
NJ Division of Disability Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6117

Full Name (Last, First, Middle Initial)
B. Minas Christopher J. MD

Mailing Address
208 Schooner Circle

City State Zip Code
Neptune NJ 07753

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
self-employed Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6153

Full Name (Last, First, Middle Initial)
C. Mittman Roy DMD

Mailing Address
2006 Millpond Ct

City State Zip Code
Wall NJ 07719

Date of Receipt
M M / D D / Y Y Y Y
08 / 20 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Seaview Orthopedics Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6159

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Munoz Eric MD

Mailing Address
121 Oak Ridge Avenue
City: Summit State: NJ Zip Code: 07901

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: State of NJ and University Hospital Occupation: Assemblyman and Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: SA11A1.6076

Full Name (Last, First, Middle Initial)
B. Nenna David V MD

Mailing Address
1100 Wescott Drive Suite G2
City: Flemington State: NJ Zip Code: 08822

Date of Receipt
M M / D D / Y Y Y Y
07 / 11 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: self-employed Occupation: Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: SA11A1.6106

Full Name (Last, First, Middle Initial)
C. Novak Dennis E. MD

Mailing Address
1001 Lacey Road, PO Box 780
City: Forked River State: NJ Zip Code: 08731

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer: Dennis Novak MD PA Occupation: Physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Transaction ID: SA11A1.6137

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Pancurek James E MD

Mailing Address
436 Commons Way

City State Zip Code
Toms River NJ 08753

Date of Receipt
M M / D D / Y Y Y Y
07 / 12 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6108

Full Name (Last, First, Middle Initial)
B. Penn Deana MD

Mailing Address
Buckingham Drive

City State Zip Code
Alpine NJ 07620

Date of Receipt
M M / D D / Y Y Y Y
07 / 23 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self-employed Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6127

Full Name (Last, First, Middle Initial)
C. Peny Elizabeth MD

Mailing Address
56 Plotts Road

City State Zip Code
Hampton NJ 07860

Date of Receipt
M M / D D / Y Y Y Y
07 / 30 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6135

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Plainsboro Family Physicians

Mailing Address
666 Plainsboro Road Suite 1316
City: Plainsboro State: NJ Zip Code: 08536

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
500.00

FEC ID number of contributing federal political committee.

Name of Employer partnership: [blank] Occupation: medical practice

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Transaction ID: SA11A1.6046

Full Name (Last, First, Middle Initial)
B. Andrew H. Sokol, MD

Mailing Address
666 Plainsboro Road Suite 1316
City: Plainsboro State: NJ Zip Code: 08536-3030

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self - Plainsboro Family Physicians Occupation: physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

[MEMO ITEM]

Transaction ID: SA11A1.6046.0

Full Name (Last, First, Middle Initial)
C. Peter C. Timex, MD

Mailing Address
666 Plainsboro Road Suite 1316
City: Plainsboro State: NJ Zip Code: 08536-3030

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self - Plainsboro Family Physicians Occupation: physician

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

[MEMO ITEM]

Transaction ID: SA11A1.6046.1

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 21	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

Full Name (Last, First, Middle Initial)
A. Somerset Family Physicians

Mailing Address
PO Box 309
City State Zip Code
Martinsville NJ 08836

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer partnership Occupation
medical practice

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6056

Full Name (Last, First, Middle Initial)
B. Swartz Harry M MD

Mailing Address
138 Cherry Tree Farm Road
City State Zip Code
Middletown NJ 07748

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer self-employed Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6072

Full Name (Last, First, Middle Initial)
C. Swartz Stephen J MD

Mailing Address
138 Cherry Tree Farm Road
City State Zip Code
Middletown NJ 07748

Date of Receipt
M M / D D / Y Y Y Y
07 / 08 / 2002

Amount of Each Receipt this Period
250.00

FEC ID number of contributing federal political committee.

Name of Employer Harry M. Swartz, MD Occupation
Physician

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: SA11A1.6074

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 17 / 21
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Waske Harry M MD

Mailing Address
7 Partridge Rd

City State Zip Code
Flemington NJ 08822

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Group Practice - Hunterdon Cardiology	Occupation Physician
---	-------------------------

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Transaction ID: SA11A1.6183

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	8850.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25
	26		27		28a		28b		28c
									29

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

Full Name (Last, First, Middle Initial) A. Martin Bontempo, Inc.		Date of Disbursement 09 / 20 / 2002	
Mailing Address 212 West State Street City State Zip Code Trenton NJ 08608		Amount of Each Disbursement this Period 424.00	
Purpose of Disbursement JEMPAC Pina		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.6027	
State: District:			

Full Name (Last, First, Middle Initial) B. Medical Society of New Jersey		Date of Disbursement 09 / 20 / 2002	
Mailing Address 2 Princess Road City State Zip Code Lawrenceville NJ 08648		Amount of Each Disbursement this Period 1754.32	
Purpose of Disbursement Annual Meeting Political Forum		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Transaction ID: SB21B.6028	
State: District:			

C.

SUBTOTAL of Disbursements This Page (optional)	2178.32
TOTAL This Period (last page this line number only)	2178.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. AMPAC			Date of Disbursement 07 / 12 / 2002	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 3200.00	
Purpose of Disbursement Joint Fund Raising Efforts			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.8028	
State: District:				

Full Name (Last, First, Middle Initial) B. AMPAC			Date of Disbursement 08 / 06 / 2002	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 1850.00	
Purpose of Disbursement Joint Fund Raising Efforts			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.8030	
State: District:				

Full Name (Last, First, Middle Initial) C. AMPAC			Date of Disbursement 09 / 11 / 2002	
Mailing Address 1101 Vermont Avenue City Washington State DC Zip Code 20005			Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement Joint Fund Raising Efforts			Category/ Type	
Candidate Name				
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Transaction ID: SB22.8031	
State: District:				

SUBTOTAL of Disbursements This Page (optional)	6050.00
TOTAL This Period (last page this line number only)	6050.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

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

Full Name (Last, First, Middle Initial) A. Anne Summers for Congress		Date of Disbursement 08 / 14 / 2002	
Mailing Address PO Box 642 City State Zip Code Paramus NJ 07653-0842		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Candidate Support Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8037	
State: NJ District: 5			

Full Name (Last, First, Middle Initial) B. Soaries for Congress		Date of Disbursement 08 / 27 / 2002	
Mailing Address 28 Emmons Drive, Suite A-20 City State Zip Code Princeton NJ 08540		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Candidate Support Candidate Name		Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼	Transaction ID: SB23.8040	
State: NJ District: 12			

C.

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00