

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
National Jewish Democratic Council Political Action Committee

ADDRESS (number and street) 1701 K Street, NW.
Suite 301
 Check if different than previously reported. (ACC)
Washington DC 20006

2. **FEC IDENTIFICATION NUMBER** C00306670
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 01 01 2011 through 06 30 2011

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 Sheldon Cohen

Signature of Treasurer Electronically Filed by Sheldon Cohen Date 07 28 2011

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

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
National Jewish Democratic Council Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		698.78
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	698.78									
(c) Total Receipts (from Line 19)	1055.50	1055.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1754.28	1754.28								
7. Total Disbursements (from Line 31)	851.52	851.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	902.76	902.76								
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**

Write or Type Committee Name

National Jewish Democratic Council Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	500.00	500.00
(ii) Unitemized	355.50	355.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	855.50	855.50
(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 33, page 5)	855.50	855.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
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 37, page 5)	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.)	200.00	200.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1055.50	1055.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1055.50	1055.50

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.....	651.52	651.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	651.52	651.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	200.00	200.00
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. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	851.52	851.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	851.52	851.52

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	855.50	855.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	855.50	855.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	651.52	651.52
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	651.52	651.52

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
						<input type="checkbox"/>	17

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)
National Jewish Democratic Council Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow St

City State Zip Code
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: A80917924123E470DA0A

Amount of Each Receipt this Period
12.50

[MEMO ITEM]
Total earmarked through conduit: PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow St

City State Zip Code
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: A19305C3B988E4338B8C

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
Total earmarked through conduit: PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow St

City State Zip Code
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	1	/	2	0	1	1

Transaction ID: AAA06E20433EA46E3B49

Amount of Each Receipt this Period
200.00

[MEMO ITEM]
Total earmarked through conduit: PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)
National Jewish Democratic Council Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow St

City State Zip Code
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2011

Transaction ID: A29463E7BF39F4D91955

Amount of Each Receipt this Period
10.00

[MEMO ITEM]
Total earmarked through conduit: PAC limit not affected.

B.

Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow St

City State Zip Code
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2011

Transaction ID: ABF48838594844080AE7

Amount of Each Receipt this Period
18.00

[MEMO ITEM]
Total earmarked through conduit: PAC limit not affected.

C.

Full Name (Last, First, Middle Initial)
Act Blue

Mailing Address 14 Arrow St

City State Zip Code
Cambridge MA 02138-5106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 22 / 2011

Transaction ID: A4A7C7334FF4C4C13B8A

Amount of Each Receipt this Period
90.00

[MEMO ITEM]
Total earmarked through conduit: PAC limit not affected.

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 15
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

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)
National Jewish Democratic Council Political Action Committee

A.

Full Name (Last, First, Middle Initial) Act Blue		Date of Receipt
Mailing Address 14 Arrow St		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Cambridge	MA	02138-5106
FEC ID number of contributing federal political committee.		Transaction ID: ABE2123E742CF422CA98
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	[MEMO ITEM] Total earmarked through conduit: PAC limit not affected.
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="0.00"/>	

B.

Full Name (Last, First, Middle Initial) Robert Book		Date of Receipt
Mailing Address 14003 Highmark Sq		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Dallas	TX	75254-8505
FEC ID number of contributing federal political committee.		Transaction ID: AE3BD8068117B486EBB7
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	Earmarked (Directed)
Retired	Retired	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="500.00"/>

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

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

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)
National Jewish Democratic Council Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jennifer Shaw	Date of Receipt MM / DD / YYYY 01 / 27 / 2011
	Mailing Address 1440 New York Ave NW	Transaction ID: A2774944199A34D84AC3
	City State Zip Code Washington DC 20005-2131	Amount of Each Receipt this Period 1035.00
	FEC ID number of contributing federal political committee. C	[MEMO ITEM] Exempt Legal/Accounting Fees
	Name of Employer Occupation Skadden, Arps Political Reports Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

B.	Full Name (Last, First, Middle Initial) Lawrence Noble	Date of Receipt MM / DD / YYYY 03 / 10 / 2011
	Mailing Address 1440 New York Ave	Transaction ID: A82887A656BF244409E5
	City State Zip Code Washington DC 20005-2111	Amount of Each Receipt this Period 1079.00
	FEC ID number of contributing federal political committee. C	[MEMO ITEM] Exempt Legal Fees
	Name of Employer Occupation Skadden, Arps Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1079.00	

C.	Full Name (Last, First, Middle Initial) Chris Piper	Date of Receipt MM / DD / YYYY 03 / 16 / 2011
	Mailing Address 1400 New York Ave NW	Transaction ID: AB89A9571402C4FB284F
	City State Zip Code Washington DC 20005-2107	Amount of Each Receipt this Period 241.50
	FEC ID number of contributing federal political committee. C	[MEMO ITEM] Exempt Legal/Accounting Fees
	Name of Employer Occupation Skadden, Arps Client Specialist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 241.50	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 15
(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input checked="" type="checkbox"/>	17						

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)
National Jewish Democratic Council Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kenneth A. Gross

Mailing Address 1440 New York Avenue, NW

City	State	Zip Code
Washington	DC	20005-2131

FEC ID number of contributing federal political committee. **C**

Name of Employer Skadden, Arps	Occupation Assistant Treasurer
-----------------------------------	-----------------------------------

Receipt For:

Primary General

Other (specify) ▼

Aggregate Year-to-Date ▼

2266.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	9	/	2	0	1	1

Transaction ID: AD1185328E2BE4A6D8CD

Amount of Each Receipt this Period
2266.00

[MEMO ITEM]
Exempt Legal Fees

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	0.00

**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)

<input checked="" type="checkbox"/> 21b	<input 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	<input type="checkbox"/> 30b

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)
National Jewish Democratic Council Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BA80D88F3205E41DEAC7 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 235.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B8764079D2CCE4B2A856 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 7.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B26ACDB6B82EE4C03853 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 60.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

302.95

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

**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)

PAGE 12 / 15

<input checked="" type="checkbox"/> 21b	<input 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	<input type="checkbox"/> 30b

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)
National Jewish Democratic Council Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Credit Card Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B5766CCC0813349E0994</p> <p>Date of Disbursement 02 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 7.95</p>
<p>B. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Credit Card Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B940145C7AD2B4658A53</p> <p>Date of Disbursement 03 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 60.00</p>
<p>C. Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Credit Card Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B739EB48B2C334C938DE</p> <p>Date of Disbursement 03 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 7.95</p>

SUBTOTAL of Disbursements This Page (optional) ▶

75.90

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

**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)

PAGE 13 / 15

<input checked="" type="checkbox"/> 21b	<input 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	<input type="checkbox"/> 30b

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)
National Jewish Democratic Council Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B70691321CDF64023BC5 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 67.95 Category/Type
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B63476BC8B1FC4182B34 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 60.00 Category/Type
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B46B8DD6669674559AF9 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 7.95 Category/Type

SUBTOTAL of Disbursements This Page (optional)	135.90
TOTAL This Period (last page this line number only)	

**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)

PAGE 14 / 15

<input checked="" type="checkbox"/> 21b	<input 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	<input type="checkbox"/> 30b

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)
National Jewish Democratic Council Political Action Committee

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BB1F02CD40B114572A77 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 65.00 Category/Type
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 622227 City Orlando State FL Zip Code 32862-2227 Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B33DAEFF2827143FBB68 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 7.95 Category/Type

SUBTOTAL of Disbursements This Page (optional)	72.95
TOTAL This Period (last page this line number only)	587.70

**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)

PAGE 15 / 15

<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	<input type="checkbox"/> 30b

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)
National Jewish Democratic Council Political Action Committee

A.

Full Name (Last, First, Middle Initial)
National Jewish Democratic Council

Transaction ID: B1B2AC614FBBE403AAE3

Mailing Address 1701 K St NW
Suite 301

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	1	1

City Washington State DC Zip Code 20006

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
In-Kind contribution: copy of 'Guide to Pro-Israel PACs'

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
National Jewish Democratic Council

Transaction ID: B3FEB3A5CEDA64952953

Mailing Address 1701 K St NW
Suite 301

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	1	1

City Washington State DC Zip Code 20006

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
In-Kind contribution: copy of 'Guide to Pro-Israel PACs'

--

Candidate Name
Bradley Scott Schneider

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 10

SUBTOTAL of Disbursements This Page (optional)

200.00

TOTAL This Period (last page this line number only)

200.00
