

**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

NORPAC

ADDRESS (number and street)

PO Box 5595

☐Check if different
than previously
reported. (ACC)

Englewood

NJ

07631

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00247403

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

05

01

2009

through

05

31

2009

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

Karen Pichkhadze

Signature of Treasurer

Electronically Filed by Karen Pichkhadze

Date

06

18

2009

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

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NORPAC

Report Covering the Period:

From:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 0 | 1 | 2 | 0 | 0 | 9 |

To:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
| 0 | 5 | 3 | 1 | 2 | 0 | 0 | 9 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1 2009 | | 455323.41 |
| (b) Cash on Hand at Beginning of Reporting Period | 531617.80 | |
| (c) Total Receipts (from Line 19) | 86019.18 | 271698.49 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 617636.98 | 727021.90 |
| 7. Total Disbursements (from Line 31) | 106923.03 | 216307.95 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 510713.95 | 510713.95 |
| 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 (Rev. 06/2004)

Page 3

Write or Type Committee Name
NORPAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 5 0 1 2 0 0 9

To:

M M D D Y Y W Y
0 5 3 1 2 0 0 9

| 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 | 74975.00 | 211883.50 |
| (i) Itemized (use Schedule A) | 9955.00 | 53369.00 |
| (ii) Unitemized | 84930.00 | 265252.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) ➡ | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➡ | 84930.00 | 265252.50 |
| 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 | 2499.23 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 1089.18 | 3946.76 |
| 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)) | 86019.18 | 271698.49 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 86019.18 | 271698.49 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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) | | 0.00 | 0.00 |
| (i) Federal Share..... | | | |
| (ii) Non-Federal Share..... | | 0.00 | 73.77 |
| (b) Other Federal Operating Expenditures..... | | 53148.03 | 102004.18 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | | 53148.03 | 102077.95 |
| 22. Transfers to Affiliated/Other Party Committees..... | | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | | 52400.00 | 110855.00 |
| 24. Independent Expenditure (use Schedule E) | | 0.00 | 2000.00 |
| 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 | | 1375.00 | 1375.00 |
| (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)) | | 1375.00 | 1375.00 |
| 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)).. | | 106923.03 | 216307.95 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | | 106923.03 | 216234.18 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| 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) | 84930.00 | 265252.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 1375.00 | 1375.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 83555.00 | 263877.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 53148.03 | 102004.18 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 2499.23 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 53148.03 | 99504.95 |

Form/Schedule : **F3XN**

Transaction ID :

The aggregate year-to-date totals on Schedule A show the total contributions from individuals that were received by the PAC in that year. Earmarked donations for campaigns (NORPAC acting as a conduit) entered as memos are not included in the aggregate totals. Therefore the aggregate year-to-date total may appear incorrect (as it is often less than the total earmark) but it is actually recorded and calculated correctly. The NORPAC Annual Mission to Washington DC trip consists of citizen activists meeting with hundreds of members of Congress to discuss legislation. No mission expenditures on Schedule B are on behalf of specifically identified federal candidates and therefore no additional information needs to be disclosed on Schedule B or E. The NORPAC Annual Mission to Washington DC trip consists of citizen activists meeting with hundreds of members of Congress to discuss legislation. Any public communications such as ads are designed to recruit members to the mission and do not express advocacy or voter driver activity for any Federal candidates. Therefore no additional information needs to be disclosed on Schedule B or E

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

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

FOR LINE NUMBER: PAGE 7 / 69

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

NORPAC

A.

Full Name (Last, First, Middle Initial)

steven adelsberg

Mailing Address 258 Beaumont St.

City

Brooklyn

State

NY

Zip Code

11235

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.24969

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Albalah

Mailing Address 470 Herkimer Avenue

City

Haworth

State

NJ

Zip Code

07641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bracewell & Giuliani LLP

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.24868

Amount of Each Receipt this Period

250.00

earmark-dan burton

C.

Full Name (Last, First, Middle Initial)

Eden Aronoff

Mailing Address 151 sherwood pl

City

englewood

State

NE

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
sefl

Occupation
social worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25043

Amount of Each Receipt this Period

400.00

mission

SUBTOTAL of Receipts This Page (optional)

1150.00

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 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

maureen ash

Mailing Address 11112 magnolia rd

City

teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25039

Amount of Each Receipt this Period

225.00

mission

B.

Full Name (Last, First, Middle Initial)

Ariela Balk

Mailing Address 30 Chestnut Ct

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ariela-Alpha Int.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.25119

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

Susan Basloe

Mailing Address 370 Cumberland St

City

Engelwood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMB Marketing

Occupation
Employee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25107

Amount of Each Receipt this Period

300.00

mission

SUBTOTAL of Receipts This Page (optional)

825.00

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 9 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Alan Berger

Mailing Address 24 Sutton Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.24856

Amount of Each Receipt this Period

250.00

earmark-Senator Lincoln

B.

Full Name (Last, First, Middle Initial)

Noah Berkowitz

Mailing Address 20 disbrow circle

City

new rochelle

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
synvista

Occupation
exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.25022

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

David Blady

Mailing Address 6 Jagger Ct.

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurological Consultants,
PA

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25077

Amount of Each Receipt this Period

175.00

mission

SUBTOTAL of Receipts This Page (optional)

725.00

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 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Benjamin Brafman

Mailing Address 15 Waverly Place

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25136

Amount of Each Receipt this Period

1000.00

membership

B.

Full Name (Last, First, Middle Initial)

Laurie Bryk

Mailing Address 234 briarwood crossing

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25078

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

Deborah Chustckie

Mailing Address 4 Aspen Ct

City

East Brunswick

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Grove Dental

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25045

Amount of Each Receipt this Period

300.00

mission

SUBTOTAL of Receipts This Page (optional)

1600.00

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 11 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

oscar echman

Mailing Address 588 Highland Ave

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.24888

Amount of Each Receipt this Period

250.00

conduit-evan bayh

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Reuven Escott

Mailing Address 55 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Securities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.24883

Amount of Each Receipt this Period

500.00

earmark-evan bayh

C.

Full Name (Last, First, Middle Initial)

Hershel Feldman

Mailing Address 250 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Macabee Trading

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

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

Transaction ID: SA11AI.24980

Amount of Each Receipt this Period

360.00

conduit-eric cantor

[MEMO ITEM]

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Daniel Feuer

Mailing Address 335 Robin Road

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.24890

Amount of Each Receipt this Period

150.00

conduit-evan bayh

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Murray Forman

Mailing Address 291 Ocean Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investment Banking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.24925

Amount of Each Receipt this Period

1000.00

earmark-harry reid

C.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4875.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.24871

Amount of Each Receipt this Period

500.00

earmark-dan burton

SUBTOTAL of Receipts This Page (optional)

1500.00

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 13 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

David Friedman

Mailing Address 12 Wood Lane South

City

Woodsburgh

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.24927

Amount of Each Receipt this Period

4800.00

earmark-harry reid

B.

Full Name (Last, First, Middle Initial)

David Friedman

Mailing Address 12 Wood Lane South

City

Woodsburgh

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.25164

Amount of Each Receipt this Period

200.00

membership

C.

Full Name (Last, First, Middle Initial)

Jerald Friedman

Mailing Address 1626 Buckingham Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oral surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25266

Amount of Each Receipt this Period

300.00

mission

SUBTOTAL of Receipts This Page (optional)

5300.00

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 14 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Tammy Friedman

Mailing Address 12 Wood Ln. South

City

Woodsburgh

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25137

Amount of Each Receipt this Period

1800.00

membership

B.

Full Name (Last, First, Middle Initial)

david gibber

Mailing Address 515 West End Ave

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
school

Occupation
student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25246

Amount of Each Receipt this Period

500.00

mission

C.

Full Name (Last, First, Middle Initial)

Henry Glenn

Mailing Address 237 Fountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25223

Amount of Each Receipt this Period

425.00

mission

SUBTOTAL of Receipts This Page (optional)

2725.00

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 15 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Helen Goldberg

Mailing Address 791 East Lawn Dr

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corenet Associates

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25110

Amount of Each Receipt this Period

350.00

mission

B.

Full Name (Last, First, Middle Initial)

Judith Goldberg

Mailing Address 207 Booth Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.25070

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

Murray Goldberg

Mailing Address 1132 Sussex Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regeneron Pharmaceuticals

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.25168

Amount of Each Receipt this Period

100.00

membership

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Stewart Goldberg

Mailing Address 333 East Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marathon Assets

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25049

Amount of Each Receipt this Period

300.00

mission

B.

Full Name (Last, First, Middle Initial)

Ann Goldfischer

Mailing Address 37 Cunningham Dr.

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.25155

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

Anne Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.25025

Amount of Each Receipt this Period

175.00

mission

SUBTOTAL of Receipts This Page (optional)

775.00

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 17 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Anne Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25050

Amount of Each Receipt this Period

175.00

mission

B.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.24870

Amount of Each Receipt this Period

150.00

earmark-dan burton

C.

Full Name (Last, First, Middle Initial)

Michael Granoff

Mailing Address 59 Bliss Ave

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maniv Energy Capital

Occupation
Business Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.24891

Amount of Each Receipt this Period

1000.00

earmark-evan bayh

SUBTOTAL of Receipts This Page (optional)

1325.00

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 18 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Greif

Mailing Address 240 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.25061

Amount of Each Receipt this Period

600.00

mission

B.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.24866

Amount of Each Receipt this Period

1000.00

earmark-blanch lincoln

C.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.24904

Amount of Each Receipt this Period

2000.00

earmark-evan bayh

SUBTOTAL of Receipts This Page (optional)

3600.00

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 19 / 69

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Daniel Hassid

Mailing Address 205 E 95th St

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newmark

Occupation

Commercial Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.25035

Amount of Each Receipt this Period

275.00

mission

B.

Full Name (Last, First, Middle Initial)

Ben Heller

Mailing Address 10 Dogwood Lane

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25141

Amount of Each Receipt this Period

1800.00

membership

C.

Full Name (Last, First, Middle Initial)

Andrew Herenstein

Mailing Address 3 Dogwood Lane

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Quadrangle

Occupation

Managing Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25142

Amount of Each Receipt this Period

1000.00

membership

SUBTOTAL of Receipts This Page (optional)

3075.00

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 20 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Scott Herschmann

Mailing Address 102 Huguenot Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25111

Amount of Each Receipt this Period

675.00

mission

B.

Full Name (Last, First, Middle Initial)

Iance Hirt

Mailing Address 71 Muriel Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lindsay Goldberg

Occupation
Fund Mngmt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25143

Amount of Each Receipt this Period

1800.00

membership

C.

Full Name (Last, First, Middle Initial)

Jeffrey Hochman

Mailing Address 458 Rutland Ave.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Willkie, Farr and Gallagher

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.25019

Amount of Each Receipt this Period

600.00

mission

SUBTOTAL of Receipts This Page (optional)

3075.00

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
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jay Hochshtein

Mailing Address 32 Hampton Ct.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
NY Medical Alliance

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25080

Amount of Each Receipt this Period

425.00

mission

B.

Full Name (Last, First, Middle Initial)

Kenneth Hoffman

Mailing Address 637 N. Forest Dr.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehman Brothers

Occupation
Stock Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.25036

Amount of Each Receipt this Period

175.00

mission

C.

Full Name (Last, First, Middle Initial)

charlie hong

Mailing Address 19 Burton Pl

City

Creskill

State

NJ

Zip Code

07626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hong's MERchandising

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.24892

Amount of Each Receipt this Period

250.00

conduit-evan bayh

[MEMO ITEM]

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)
for each category of the
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FOR LINE NUMBER: PAGE 22 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Elaine Jacobs

Mailing Address 480 Cumberland Road

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.25026

Amount of Each Receipt this Period

175.00

mission

B.

Full Name (Last, First, Middle Initial)

Elaine Jacobs

Mailing Address 480 Cumberland Road

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.24982

Amount of Each Receipt this Period

250.00

conduit-eric cantor

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jerry Jozsef

Mailing Address 931 Phelps Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Pastry Chef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.25071

Amount of Each Receipt this Period

300.00

mission

SUBTOTAL of Receipts This Page (optional)

475.00

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 23 / 69

(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Esti Kaminetzky

Mailing Address 786 Downing St

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Learning Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 0 | 7 | | 2 | 0 | 9 | |

Transaction ID: SA11AI.25260

Amount of Each Receipt this Period

400.00

mission

B.

Full Name (Last, First, Middle Initial)

marc kasowitz

Mailing Address 1160 Park Ave

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 6 | | 2 | 0 | 9 | |

Transaction ID: SA11AI.24929

Amount of Each Receipt this Period

4800.00

earmark-harry reid

C.

Full Name (Last, First, Middle Initial)

marc kasowitz

Mailing Address 1160 Park Ave

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 6 | | 2 | 0 | 9 | |

Transaction ID: SA11AI.25165

Amount of Each Receipt this Period

200.00

membership

SUBTOTAL of Receipts This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Michael Kassen

Mailing Address 315 North Ave

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25040

Amount of Each Receipt this Period

5000.00

membership

B.

Full Name (Last, First, Middle Initial)

eleanor klein

Mailing Address 9 laurence Ct

City

Closter

State

NJ

Zip Code

07624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teaneck Middle School

Occupation
Library Assistant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.24894

Amount of Each Receipt this Period

1000.00

conduit-evan bayh

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Leon Kozak

Mailing Address 280 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.24861

Amount of Each Receipt this Period

500.00

earmark-sen. blanche linc-
oln

SUBTOTAL of Receipts This Page (optional)

5500.00

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 25 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Leon Kozak

Mailing Address 280 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9775.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25112

Amount of Each Receipt this Period

1975.00

mission

B.

Full Name (Last, First, Middle Initial)

Leon Kozak

Mailing Address 280 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25113

Amount of Each Receipt this Period

125.00

mission

C.

Full Name (Last, First, Middle Initial)

Leon Kozak

Mailing Address 280 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.24905

Amount of Each Receipt this Period

500.00

conduit-evan bayh

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

2100.00

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 26 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Abraham J. Kramer

Mailing Address 216 S. Dwight Place

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25145

Amount of Each Receipt this Period

3000.00

membership

B.

Full Name (Last, First, Middle Initial)

Jack Lahav

Mailing Address 6 Bellcourt I

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Pastry Chef

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.25072

Amount of Each Receipt this Period

275.00

mission

C.

Full Name (Last, First, Middle Initial)

Eliot Lauer

Mailing Address 240 Briarwood Crossing

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Curtis, Mallet-Prevost,
et al

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25252

Amount of Each Receipt this Period

1000.00

membership

SUBTOTAL of Receipts This Page (optional)

4275.00

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 27 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Kevin Lemmer

Mailing Address 140 Downey Dr.

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Management

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.24872

Amount of Each Receipt this Period

1000.00

earmark-dan burton

B.

Full Name (Last, First, Middle Initial)

Karl Lifschitz

Mailing Address 379 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25053

Amount of Each Receipt this Period

125.00

mission

C.

Full Name (Last, First, Middle Initial)

Edward Lifshitz

Mailing Address 18 White Drive

City

Cedarhurst

State

NY

Zip Code

11516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amper Politziner Mattiac,
PC

Occupation

Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25146

Amount of Each Receipt this Period

500.00

membersip

SUBTOTAL of Receipts This Page (optional)

1625.00

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 28 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.25159

Amount of Each Receipt this Period

1800.00

mission

B.

Full Name (Last, First, Middle Initial)

Julie Lobel

Mailing Address 53 Walnut Court

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25086

Amount of Each Receipt this Period

125.00

mission

C.

Full Name (Last, First, Middle Initial)

Edward Lubat

Mailing Address 155 Chestnut St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Radiology Associates of
Ridgewood

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25087

Amount of Each Receipt this Period

300.00

mission

SUBTOTAL of Receipts This Page (optional)

2225.00

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 29 / 69

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Shalom Maidenbaum

Mailing Address 50 Bayberry Road

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.25169

Amount of Each Receipt this Period

1000.00

membership

B.

Full Name (Last, First, Middle Initial)

Alisa manniss

Mailing Address 130 Dorchester Rd.

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.24876

Amount of Each Receipt this Period

1000.00

conduit-dan burton

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Barry Mannis

Mailing Address 130 Dorchester Rd.

City

Scarsdale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.24875

Amount of Each Receipt this Period

1000.00

conduit-dan burton

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

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 30 / 69

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

aaron marks

Mailing Address 8 hathaway rd

City

scardale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.24931

Amount of Each Receipt this Period

4800.00

earmark-harry reid

B.

Full Name (Last, First, Middle Initial)

aaron marks

Mailing Address 8 hathaway rd

City

scardale

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.25166

Amount of Each Receipt this Period

200.00

membership

C.

Full Name (Last, First, Middle Initial)

Joel Maryles

Mailing Address 369 Churchill Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
t-cubed investments llc

Occupation
investment manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25088

Amount of Each Receipt this Period

575.00

mission

SUBTOTAL of Receipts This Page (optional)

5575.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 69

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Obie McKenzie

Mailing Address 568 Jones Rd

City

Engelwood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Managing Director

Occupation
Balck Rock

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.24886

Amount of Each Receipt this Period

100.00

conduit-evan bayh

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

leon mehl

Mailing Address 28 pine st

City

woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.24935

Amount of Each Receipt this Period

250.00

earmark-harry reid

C.

Full Name (Last, First, Middle Initial)

leon mehl

Mailing Address 28 pine st

City

woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.25170

Amount of Each Receipt this Period

250.00

membership

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)
for each category of the
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FOR LINE NUMBER: PAGE 32 / 69

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Leon Miller

Mailing Address 1320 Trafalgar Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
rabbi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25237

Amount of Each Receipt this Period

350.00

mission

B.

Full Name (Last, First, Middle Initial)

Mark Moerdler

Mailing Address 5 Chittendon Rd.

City

Fair Lawn

State

NJ

Zip Code

07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
MDY Advanced Technologies

Occupation
Computer Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.25010

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

David Muschel

Mailing Address 181 East Linden Ave

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockview Management

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.24884

Amount of Each Receipt this Period

250.00

earmark-evan bayh

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 33 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

David Muschel

Mailing Address 181 East Linden Ave

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockview Management

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.25171

Amount of Each Receipt this Period

2500.00

membership

B.

Full Name (Last, First, Middle Initial)

Ira Palgon

Mailing Address 286 churchill rd

City

Teaneck

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dewey Ballantine

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.25152

Amount of Each Receipt this Period

250.00

membership

C.

Full Name (Last, First, Middle Initial)

Drew Parker

Mailing Address 159 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Investments

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.25221

Amount of Each Receipt this Period

400.00

mission

SUBTOTAL of Receipts This Page (optional)

3150.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

maurice pianko

Mailing Address 285 aycrigg ave
3e

City State Zip Code
passaic NJ 07055

FEC ID number of contributing
federal political committee.

C

Name of Employer
school

Occupation
student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25056

Amount of Each Receipt this Period

250.00

mission

B.

Full Name (Last, First, Middle Initial)

Dena Pickholz

Mailing Address 217 Cedar St

City State Zip Code
Engelwood NJ 07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.25123

Amount of Each Receipt this Period

425.00

mission

C.

Full Name (Last, First, Middle Initial)

David Rabinowitz

Mailing Address 83 E. Linden Ave.

City State Zip Code
Englewood NJ 07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
JPMorgan

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.25042

Amount of Each Receipt this Period

350.00

mission

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Helene Richin

Mailing Address 72 Old Chimney Rd

City

Upper Saddle River

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Market Associates

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.24896

Amount of Each Receipt this Period

2000.00

conduit-evan bayh

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Solomon Ross

Mailing Address 76 South Central Ave. Suite 2A

City

Valley Stream

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Century Insurance

Occupation
agent

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.25021

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

Norman Rubin

Mailing Address 365 W. Englewood Ave

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.25238

Amount of Each Receipt this Period

350.00

mission

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Avi Samuels

Mailing Address 185 Elm St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Diamond Dealer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25114

Amount of Each Receipt this Period

300.00

mission

B.

Full Name (Last, First, Middle Initial)

Eileen Sapadin

Mailing Address 280 Arch Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Homemaker

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25095

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

Martin Scharf

Mailing Address 320 Ocean Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Real Estate

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25147

Amount of Each Receipt this Period

2500.00

membership

SUBTOTAL of Receipts This Page (optional)

3100.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Marty Schlakman

Mailing Address 200 Lyman Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Psychiatry Assoc.

Occupation
Psychiatrist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.25011

Amount of Each Receipt this Period

300.00

mission

B.

Full Name (Last, First, Middle Initial)

Anne Senter

Mailing Address 733 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25098

Amount of Each Receipt this Period

425.00

mission

C.

Full Name (Last, First, Middle Initial)

Marla Shapiro

Mailing Address 267 Maple St

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.25125

Amount of Each Receipt this Period

300.00

mission

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Helene Sher

Mailing Address 4 Meadow Lane

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts used

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25148

Amount of Each Receipt this Period

100.00

membership

B.

Full Name (Last, First, Middle Initial)

jack shershow

Mailing Address 437 Beach seven

City

far rockaway

State

NE

Zip Code

11619

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.25029

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

jack shershow

Mailing Address 437 Beach seven

City

far rockaway

State

NE

Zip Code

11619

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25149

Amount of Each Receipt this Period

100.00

membership

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Joel Shiff

Mailing Address 59 merrall Dr

City

Edison

State

NJ

Zip Code

08817

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25150

Amount of Each Receipt this Period

250.00

membership

B.

Full Name (Last, First, Middle Initial)

Kenneth Shlian

Mailing Address 1206 Central Ave

City

Highland Park

State

NJ

Zip Code

08904

FEC ID number of contributing
federal political committee.

C

Name of Employer
A&M Industrial

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.25066

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

ari shochet

Mailing Address 290 churchill rd

City

teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
unemployed

Occupation
unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.25027

Amount of Each Receipt this Period

300.00

mission

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Leah Shteingart

Mailing Address 810 East Lawn Drive

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Frisch

Occupation
Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.25222

Amount of Each Receipt this Period

275.00

mission

B.

Full Name (Last, First, Middle Initial)

Rodger Silverstein

Mailing Address 4 Christopher Ct

City

Montclair

State

NJ

Zip Code

07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Silverstein Ophthalmology

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.24898

Amount of Each Receipt this Period

250.00

conduit-evan bayh

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Silverstein Opth. Silverstein Ohpthomologist

Mailing Address 777 Passaic Ave
485

City

Clifton

State

NJ

Zip Code

07012

FEC ID number of contributing
federal political committee.

C

Name of Employer
LLC

Occupation
LLC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.24900

Amount of Each Receipt this Period

250.00

conduit-evan bayh

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

susan sipprelle

Mailing Address 155 lincoln St

City

englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
n/a

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.24902

Amount of Each Receipt this Period

500.00

conduit-evan bayh

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Norman Sohn

Mailing Address 197 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Somerset Surgical

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

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

Transaction ID: SA11AI.24989

Amount of Each Receipt this Period

100.00

conduit-eric cantor

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Tammy Spielman

Mailing Address 405 Eastwood Court

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
IRX Therapeutics, Inc.

Occupation
Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25100

Amount of Each Receipt this Period

300.00

mission

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Steven Starkman

Mailing Address 267 Robin Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
eyecare plus

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.25248

Amount of Each Receipt this Period

125.00

mission

B.

Full Name (Last, First, Middle Initial)

Sheldon Stein

Mailing Address 49 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ithaca Construction

Occupation
Builder

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.25031

Amount of Each Receipt this Period

250.00

mission

C.

Full Name (Last, First, Middle Initial)

Ronnie Stern

Mailing Address 514 Maitland Ave.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wythe Upholstery Co.

Occupation
Furniture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25116

Amount of Each Receipt this Period

425.00

mission

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Miriam Stiefel

Mailing Address 280 Starling Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hudson Energy Services

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25236

Amount of Each Receipt this Period

250.00

mission

B.

Full Name (Last, First, Middle Initial)

Jerry Strauss

Mailing Address 287 Rutland Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.25101

Amount of Each Receipt this Period

125.00

mission

C.

Full Name (Last, First, Middle Initial)

hector torres

Mailing Address 1 Dogwood Ln

City

sands point

State

NY

Zip Code

11050

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.24933

Amount of Each Receipt this Period

4800.00

earmark-harry reid

SUBTOTAL of Receipts This Page (optional)

5175.00

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 44 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

hector torres

Mailing Address 1 Dogwood Ln

City

sands point

State

NY

Zip Code

11050

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.25167

Amount of Each Receipt this Period

200.00

membership

B.

Full Name (Last, First, Middle Initial)

David Weinstein

Mailing Address 741 Washburn St

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lincoln Equities group

Occupation
R.E. Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.25117

Amount of Each Receipt this Period

300.00

mission

C.

Full Name (Last, First, Middle Initial)

David Weinstock

Mailing Address 253 Broadway

City

Lynbrook

State

NY

Zip Code

11563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lynbrook Cardiology

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.24926

Amount of Each Receipt this Period

250.00

earmark-harry reid

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 69

(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 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert Wind

Mailing Address 276 Warwick Ave.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 9 | |

Transaction ID: SA11AI.25118

Amount of Each Receipt this Period

275.00

mission

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

74975.00

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

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

FOR LINE NUMBER: PAGE 46 / 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Fidelity Investments

Mailing Address 396 Route 17 North

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1295.84

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA17.25262

Amount of Each Receipt this Period

180.19

dividends received

B.

Full Name (Last, First, Middle Initial)

David Fishel

Mailing Address 348 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Financier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6295.80

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA17.25269

Amount of Each Receipt this Period

897.90

regular donation, not in-kind (marked in april 09 report)

C.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1753.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 3 1 / 2 0 0 9

Transaction ID: SA17.25265

Amount of Each Receipt this Period

11.09

interest

SUBTOTAL of Receipts This Page (optional)

1089.18

TOTAL This Period (last page this line number only)

1089.18

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 47 / 69

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) 5 Towns Jewish Times | Transaction ID: SB21B.25178 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 690 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 0 | 7 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 0 | 7 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Lawrence State NY Zip Code 11559 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement mission advertising Candidate Name | <table border="1"> <tr> <td>400.00</td> </tr> </table> | 400.00 | | | | | | | | | | | | | | | | | | | |
| 400.00 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) 5 Towns Jewish Times | Transaction ID: SB21B.25194 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO Box 690 | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 1 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Lawrence State NY Zip Code 11559 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement mission advertising Candidate Name | <table border="1"> <tr> <td>400.00</td> </tr> </table> | 400.00 | | | | | | | | | | | | | | | | | | | |
| 400.00 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) All Stage & Sound Inc | Transaction ID: SB21B.25205 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 21500 Laytonsville Road | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 0 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Laytonsville State MD Zip Code 20882 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Staging & Audio for mission Candidate Name | <table border="1"> <tr> <td>2488.56</td> </tr> </table> | 2488.56 | | | | | | | | | | | | | | | | | | | |
| 2488.56 | | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

3288.56

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 48 / 69

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|--|---|----------|-------------------|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Mindy Berman | Transaction ID: SB21B.25211 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 312 Cedar Ave | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 1 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| | City Highland Park State NJ Zip Code 08904 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement payroll | <table border="1"> <tr> <td colspan="10">633.84</td> </tr> </table> | 633.84 | | | | | | | | | | | | | | | | | | | |
| 633.84 | | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | <table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 001 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | | |
| B. | Full Name (Last, First, Middle Initial) Mindy Berman | Transaction ID: SB21B.25207 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 312 Cedar Ave | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 2 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | | 2 | 2 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| | City Highland Park State NJ Zip Code 08904 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement payroll | <table border="1"> <tr> <td colspan="10">975.22</td> </tr> </table> | 975.22 | | | | | | | | | | | | | | | | | | | |
| 975.22 | | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | <table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 001 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | | |
| C. | Full Name (Last, First, Middle Initial) Coach USA | Transaction ID: SB21B.25199 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 160 South Rt 17 North | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 2 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 0 | 5 | | 1 | 2 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | |
| | City Paramus State NJ Zip Code 07652 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| | Purpose of Disbursement buses for mission | <table border="1"> <tr> <td colspan="10">11700.00</td> </tr> </table> | 11700.00 | | | | | | | | | | | | | | | | | | | |
| 11700.00 | | | | | | | | | | | | | | | | | | | | | | |
| | Candidate Name | <table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table> | 001 | Category/ Type | | | | | | | | | | | | | | | | | | |
| 001 | | | | | | | | | | | | | | | | | | | | | | |
| Category/ Type | | | | | | | | | | | | | | | | | | | | | | |
| | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | | | | | | |
| | State: District: | | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

13309.06

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 49 / 69

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Rachel Druck

Mailing Address 41 Cape May St

City
Englewood

State
NJ

Zip Code
07631

Purpose of Disbursement
staples reimbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25202

Date of Disbursement

05 / 18 / 2009

Amount of Each Disbursement this Period

569.78

B.

Full Name (Last, First, Middle Initial)

Jewish Media Group LLC

Mailing Address 5455 Wilshire Blvd
Suite # 1000

City
Los Angeles

State
NY

Zip Code
90036

Purpose of Disbursement
mission advertising

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25177

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

471.90

C.

Full Name (Last, First, Middle Initial)

Jewish Media Group LLC

Mailing Address 5455 Wilshire Blvd
Suite # 1000

City
Los Angeles

State
NY

Zip Code
90036

Purpose of Disbursement
mission advertising

Candidate Name

004
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25195

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

471.90

SUBTOTAL of Disbursements This Page (optional) ►

1513.58

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 50 / 69

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Monsey Tours

Mailing Address 870 Dean St

City State Zip Code
Brooklyn NY 11238

Purpose of Disbursement
mission buses
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25204
Date of Disbursement

05 / 18 / 2009

Amount of Each Disbursement this Period

24590.00

B.

Full Name (Last, First, Middle Initial)
NJ Jewish News

Mailing Address 901 Route 10

City State Zip Code
Whippany NJ 07981

Purpose of Disbursement
advertising mission
Candidate Name

004
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25176
Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

930.00

C.

Full Name (Last, First, Middle Initial)
Leonor Nunez

Mailing Address 526 Longview Ave

City State Zip Code
Cliffside Park NJ 07010

Purpose of Disbursement
payroll
Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25181
Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

431.21

SUBTOTAL of Disbursements This Page (optional)

25951.21

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)

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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 | <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 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave. | Transaction ID: SB21B.25182 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 0 5 / 2 0 0 9</div> </div> |
| City Piscataway State NJ Zip Code 08854 Purpose of Disbursement taxes 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) ▼ | Amount of Each Disbursement this Period <div>99.19</div> <div>001</div> Category/ Type |
| B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave. | Transaction ID: SB21B.25190 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 9</div> </div> |
| City Piscataway State NJ Zip Code 08854 Purpose of Disbursement invoice 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) ▼ | Amount of Each Disbursement this Period <div>90.75</div> <div>001</div> Category/ Type |
| C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave. | Transaction ID: SB21B.25192 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 9</div> </div> |
| City Piscataway State NJ Zip Code 08854 Purpose of Disbursement Taxes 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) ▼ | Amount of Each Disbursement this Period <div>139.66</div> <div>001</div> Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ►

329.60

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)

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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 | <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 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. Full Name (Last, First, Middle Initial) Paychex | Transaction ID: SB21B.25193 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1551 S. Washington Ave. | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 1 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Piscataway State NJ Zip Code 08854 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement Invoice | <table border="1"> <tr> <td>386.77</td> </tr> </table> | 386.77 | | | | | | | | | | | | | | | | | | | |
| 386.77 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| B. Full Name (Last, First, Middle Initial) Paychex | Transaction ID: SB21B.25212 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1551 S. Washington Ave. | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 1 | 1 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 1 | 1 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Piscataway State NJ Zip Code 08854 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement taxes | <table border="1"> <tr> <td>599.26</td> </tr> </table> | 599.26 | | | | | | | | | | | | | | | | | | | |
| 599.26 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |
| C. Full Name (Last, First, Middle Initial) Paychex | Transaction ID: SB21B.25208 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1551 S. Washington Ave. | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 | | 2 | 2 | | 2 | 0 | 0 | 9 |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | |
| 0 | 5 | | 2 | 2 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | |
| City Piscataway State NJ Zip Code 08854 | Amount of Each Disbursement this Period | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement taxes | <table border="1"> <tr> <td>1564.84</td> </tr> </table> | 1564.84 | | | | | | | | | | | | | | | | | | | |
| 1564.84 | | | | | | | | | | | | | | | | | | | | | |
| Candidate Name | Category/Type | | | | | | | | | | | | | | | | | | | | |
| 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) ▼ | | | | | | | | | | | | | | | | | | | | |

SUBTOTAL of Disbursements This Page (optional)

2550.87

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)

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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 | <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 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) paypal Mailing Address PO Box 45950 | Transaction ID: SB21B.25263 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 3 1 / 2 0 0 9</div> </div> |
| City Omaha State NE Zip Code 68145 Purpose of Disbursement 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) ▼ | Amount of Each Disbursement this Period <div>592.71</div> |
| B. Full Name (Last, First, Middle Initial) Karen Pichkhadze Mailing Address 1038 Kingsland Lane City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement payroll 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: SB21B.25191 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1450.49</div> |
| C. Full Name (Last, First, Middle Initial) Karen Pichkhadze Mailing Address 1038 Kingsland Lane City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement payroll 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: SB21B.25206 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>2319.62</div> |

SUBTOTAL of Disbursements This Page (optional) ►

4362.82

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 54 / 69

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 |

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Postmaster, Englewood Annex

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
P.O. Box renewal fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25198

Date of Disbursement

05 / 11 / 2009

Amount of Each Disbursement this Period

250.00

B.

Full Name (Last, First, Middle Initial)
Staples

Mailing Address 461-469 West St

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
mission-printing

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25201

Date of Disbursement

05 / 15 / 2009

Amount of Each Disbursement this Period

521.63

C.

Full Name (Last, First, Middle Initial)
Valley National Bank

Mailing Address 1445 Valley Rd

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
merhcant fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25264

Date of Disbursement

05 / 31 / 2009

Amount of Each Disbursement this Period

681.72

SUBTOTAL of Disbursements This Page (optional)

1453.35

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)

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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 | <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 |

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Verizon wireless

Mailing Address PO Box 17120

City Tucson State AZ Zip Code 85731

Purpose of Disbursement
cell phones

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25179

Date of Disbursement

05 / 01 / 2009

Amount of Each Disbursement this Period

123.16

SUBTOTAL of Disbursements This Page (optional)

123.16

TOTAL This Period (last page this line number only)

52882.21

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) EVAN BAYH Mailing Address 10 W MARKET SUITE 2000 | Transaction ID: SB23.24906 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 0 9</div> </div> |
| City INDIANAPOLIS State IN Zip Code 46204 Purpose of Disbursement earmark-reuven escott Candidate Name EVAN BAYH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 00 | Amount of Each Disbursement this Period <div>500.00</div> |
| B. Full Name (Last, First, Middle Initial) EVAN BAYH Mailing Address 10 W MARKET SUITE 2000 City INDIANAPOLIS State IN Zip Code 46204 Purpose of Disbursement earmark-david muschel Candidate Name EVAN BAYH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 00 | Transaction ID: SB23.24907 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>250.00</div> |
| C. Full Name (Last, First, Middle Initial) EVAN BAYH Mailing Address 10 W MARKET SUITE 2000 City INDIANAPOLIS State IN Zip Code 46204 Purpose of Disbursement earmark-michael granoff Candidate Name EVAN BAYH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 00 | Transaction ID: SB23.24909 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> |

SUBTOTAL of Disbursements This Page (optional)

1750.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) EVAN BAYH | Transaction ID: SB23.24916 Date of Disbursement |
| Mailing Address 10 W MARKET SUITE 2000 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 9</div> </div> |
| City INDIANAPOLIS State IN Zip Code 46204 | Amount of Each Disbursement this Period |
| Purpose of Disbursement conduit-danny feuer Candidate Name EVAN BAYH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 00 | <div>150.00</div> |
| | [MEMO ITEM] |
| B. Full Name (Last, First, Middle Initial) EVAN BAYH | Transaction ID: SB23.24919 Date of Disbursement |
| Mailing Address 10 W MARKET SUITE 2000 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 9</div> </div> |
| City INDIANAPOLIS State IN Zip Code 46204 | Amount of Each Disbursement this Period |
| Purpose of Disbursement conduit-eleanor klein Candidate Name EVAN BAYH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 00 | <div>1000.00</div> |
| | [MEMO ITEM] |
| C. Full Name (Last, First, Middle Initial) EVAN BAYH | Transaction ID: SB23.24920 Date of Disbursement |
| Mailing Address 10 W MARKET SUITE 2000 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 9 / 2 0 0 9</div> </div> |
| City INDIANAPOLIS State IN Zip Code 46204 | Amount of Each Disbursement this Period |
| Purpose of Disbursement conduit-helene richin Candidate Name EVAN BAYH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IN District: 00 | <div>2000.00</div> |
| | [MEMO ITEM] |

SUBTOTAL of Disbursements This Page (optional)

0.00

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
conduit-rodger silversteinCandidate Name
EVAN BAYHCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.24921

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
conduit-silverstein opthomologyCandidate Name
EVAN BAYHCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.24922

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
conduit-susan sippelleCandidate Name
EVAN BAYHCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.24923

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 1 9 / 2 0 0 9

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
conduit-charlie hong

Candidate Name
EVAN BAYH

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President
 State: IN District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.25215

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
earmark-jack halpern

Candidate Name
EVAN BAYH

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President
 State: IN District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.24910

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
norpac donation

Candidate Name
EVAN BAYH

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President
 State: IN District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.24911

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

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

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NAME OF COMMITTEE (In Full)
NORPAC**A.**Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
conduit-obie mckenszieCandidate Name
EVAN BAYHCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.24914

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]**B.**Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
conduit-oscar echmanCandidate Name
EVAN BAYHCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.24915

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]**C.**Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
conduit-leon kozakCandidate Name
EVAN BAYHCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.24924

Date of Disbursement

M M / D D / Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) DANNY L BURTON | Transaction ID: SB23.24869 Date of Disbursement |
| Mailing Address 12141 E 79TH ST | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 0 / 2 0 0 9</div> </div> |
| City State Zip Code INDPLS IN 46236 | Amount of Each Disbursement this Period |
| Purpose of Disbursement earmark-david albalah | <div>250.00</div> |
| Candidate Name DANNY L BURTON | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) DANNY L BURTON | Transaction ID: SB23.24878 Date of Disbursement |
| Mailing Address 12141 E 79TH ST | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 0 / 2 0 0 9</div> </div> |
| City State Zip Code INDPLS IN 46236 | Amount of Each Disbursement this Period |
| Purpose of Disbursement earmark-rob gottesman | <div>150.00</div> |
| Candidate Name DANNY L BURTON | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) DANNY L BURTON | Transaction ID: SB23.24879 Date of Disbursement |
| Mailing Address 12141 E 79TH ST | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 9</div> </div> |
| City State Zip Code INDPLS IN 46236 | Amount of Each Disbursement this Period |
| Purpose of Disbursement earmark-mort fridman | <div>500.00</div> |
| Candidate Name DANNY L BURTON | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional)

900.00

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) DANNY L BURTON | Transaction ID: SB23.24880 Date of Disbursement |
| Mailing Address 12141 E 79TH ST | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 9</div> </div> |
| City INDPLS State IN Zip Code 46236 | Amount of Each Disbursement this Period |
| Purpose of Disbursement earmark-kevin lemmer | <div>1000.00</div> |
| Candidate Name DANNY L BURTON | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Full Name (Last, First, Middle Initial) DANNY L BURTON | Transaction ID: SB23.24882 Date of Disbursement |
| Mailing Address 12141 E 79TH ST | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 9</div> </div> |
| City INDPLS State IN Zip Code 46236 | Amount of Each Disbursement this Period |
| Purpose of Disbursement norpac donation | <div>5000.00</div> |
| Candidate Name DANNY L BURTON | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Full Name (Last, First, Middle Initial) DANNY L BURTON | Transaction ID: SB23.25218 Date of Disbursement |
| Mailing Address 12141 E 79TH ST | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 9</div> </div> |
| City INDPLS State IN Zip Code 46236 | Amount of Each Disbursement this Period |
| Purpose of Disbursement conduit-barry mannis | <div>1000.00</div> |
| Candidate Name DANNY L BURTON | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

6000.00

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|---|--|
| A. Full Name (Last, First, Middle Initial) DANNY L BURTON | Transaction ID: SB23.25219 Date of Disbursement |
| Mailing Address 12141 E 79TH ST | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 2 / 2 0 0 9</div> </div> |
| City State Zip Code INDPLS IN 46236 | Amount of Each Disbursement this Period |
| Purpose of Disbursement conduit-alisa mannis | <div>1000.00</div> |
| Candidate Name DANNY L BURTON | <div>Category/Type</div> |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <div>[MEMO ITEM]</div> |
| B. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID | Transaction ID: SB23.24939 Date of Disbursement |
| Mailing Address PO BOX 85223 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 7 / 2 0 0 9</div> </div> |
| City State Zip Code LAS VEGAS NV 89185 | Amount of Each Disbursement this Period |
| Purpose of Disbursement earmark-murray forman | <div>1000.00</div> |
| Candidate Name FRIENDS FOR HARRY REID | <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| C. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID | Transaction ID: SB23.24941 Date of Disbursement |
| Mailing Address PO BOX 85223 | <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div> |
| City State Zip Code LAS VEGAS NV 89185 | Amount of Each Disbursement this Period |
| Purpose of Disbursement earmark-david weinstock | <div>250.00</div> |
| Candidate Name FRIENDS FOR HARRY REID | <div>Category/Type</div> |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

SUBTOTAL of Disbursements This Page (optional)

1250.00

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:
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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 85223 | Transaction ID: SB23.24942 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div> |
| City LAS VEGAS State NV Zip Code 89185 Purpose of Disbursement earmark-david friedman Candidate Name FRIENDS FOR HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>4800.00</div> |
| B. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 85223 City LAS VEGAS State NV Zip Code 89185 Purpose of Disbursement earmark-marc kasowitz Candidate Name FRIENDS FOR HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.24943 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4800.00</div> |
| C. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 85223 City LAS VEGAS State NV Zip Code 89185 Purpose of Disbursement earmark-aaron marks Candidate Name FRIENDS FOR HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.24944 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>4800.00</div> |
| SUBTOTAL of Disbursements This Page (optional) | <div>14400.00</div> |
| 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:
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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|---|---|
| A. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 85223 | Transaction ID: SB23.24945 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div> |
| City LAS VEGAS State NV Zip Code 89185 Purpose of Disbursement earmark-hector torres Candidate Name FRIENDS FOR HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Amount of Each Disbursement this Period <div>4800.00</div> |
| B. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 85223 City LAS VEGAS State NV Zip Code 89185 Purpose of Disbursement earmark-leon mehl Candidate Name FRIENDS FOR HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.24946 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>250.00</div> |
| C. Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID Mailing Address PO BOX 85223 City LAS VEGAS State NV Zip Code 89185 Purpose of Disbursement norpac donation Candidate Name FRIENDS FOR HARRY REID Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23.24947 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 7 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>3000.00</div> |

SUBTOTAL of Disbursements This Page (optional)

8050.00

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address 303 massachusetts ave 3rd fl</p> <p>City washington State DC Zip Code 20002</p> <p>Purpose of Disbursement earmark-alan berger</p> <p>Candidate Name Friends of Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.24859</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address 303 massachusetts ave 3rd fl</p> <p>City washington State DC Zip Code 20002</p> <p>Purpose of Disbursement norpac donation</p> <p>Candidate Name Friends of Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.25173</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 2800.00</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address 303 massachusetts ave 3rd fl</p> <p>City washington State DC Zip Code 20002</p> <p>Purpose of Disbursement earmark-esther chouake</p> <p>Candidate Name Friends of Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.25213</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional)

4050.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

| | |
|--|--|
| <p>A.</p> <p>Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address 303 massachusetts ave 3rd fl</p> <p>City washington State DC Zip Code 20002</p> <p>Purpose of Disbursement earmark-mort fridman</p> <p>Candidate Name Friends of Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.25214</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address 303 massachusetts ave 3rd fl</p> <p>City washington State DC Zip Code 20002</p> <p>Purpose of Disbursement earmark-leon kozak</p> <p>Candidate Name Friends of Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.24862</p> <p>Date of Disbursement 05 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> |
| <p>C.</p> <p>Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address 303 massachusetts ave 3rd fl</p> <p>City washington State DC Zip Code 20002</p> <p>Purpose of Disbursement norpac donation</p> <p>Candidate Name Friends of Blanche Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB23.24864</p> <p>Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> |

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Friends of Blanche Lincoln

Mailing Address 303 massachusetts ave
3rd fl

City State Zip Code
washington DC 20002

Purpose of Disbursement
earmark-jack halpern

Candidate Name
Friends of Blanche Lincoln

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 02

Transaction ID: SB23.24867

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF SCHUMER

Mailing Address 60 MADISON AVE SUITE 1026

City State Zip Code
NEW YORK NY 10010

Purpose of Disbursement
earmark-jack rosen

Candidate Name
FRIENDS OF SCHUMER

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 00

Transaction ID: SB23.25187

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

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 69 / 69

| | | | | | |
|------------------------------|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input 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 checked="" type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Daniel Mondrow

Mailing Address 280 Main St.

City Metuchen State NJ Zip Code 08840

Purpose of Disbursement
refund-mission

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.25007

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

B.

Full Name (Last, First, Middle Initial)
raymond verhoeff

Mailing Address 20 dakota ct

City suffern State NY Zip Code 10901

Purpose of Disbursement
refund-mission

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB28A.25002

Date of Disbursement

/ /

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00