

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Jewish Democratic Council Political Action Committee

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

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

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

5. Covering Period 01 01 2011 through 06 30 2011

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

Type or Print Name of Treasurer Sheldon Cohen

Signature of Treasurer Electronically Filed by Sheldon Cohen Date 07 29 2011

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		698.78
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	698.78									
(c) Total Receipts (from Line 19) .....	1055.50	1055.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1754.28	1754.28								
7. Total Disbursements (from Line 31) .....	851.52	851.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	902.76	902.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

National Jewish Democratic Council Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	500.00	500.00
(ii) Unitemized .....	355.50	355.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	855.50	855.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	855.50	855.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	200.00	200.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	1055.50	1055.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1055.50	1055.50

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	651.52	651.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	651.52	651.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	200.00	200.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	851.52	851.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	851.52	851.52

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 15

(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
National Jewish Democratic Council Political Action Committee

**A.**

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

Mailing Address 14 Arrow St

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2011

Transaction ID: A80917924123E470DA0A

Amount of Each Receipt this Period  
12.50

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

**B.**

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

Mailing Address 14 Arrow St

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2011

Transaction ID: A19305C3B988E4338B8C

Amount of Each Receipt this Period  
25.00

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

**C.**

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

Mailing Address 14 Arrow St

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 21 / 2011

Transaction ID: AAA06E20433EA46E3B49

Amount of Each Receipt this Period  
200.00

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

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

0.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 15

(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Jewish Democratic Council Political Action Committee

**A.**

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

Mailing Address 14 Arrow St

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2011

Transaction ID: A29463E7BF39F4D91955

Amount of Each Receipt this Period  
10.00

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

**B.**

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

Mailing Address 14 Arrow St

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2011

Transaction ID: ABF48838594844080AE7

Amount of Each Receipt this Period  
18.00

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

**C.**

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

Mailing Address 14 Arrow St

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2011

Transaction ID: A4A7C7334FF4C4C13B8A

Amount of Each Receipt this Period  
90.00

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

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

0.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 15  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Jewish Democratic Council Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Act Blue

Mailing Address 14 Arrow St

City State Zip Code  
Cambridge MA 02138-5106

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2011

**Transaction ID:** ABE2123E742CF422CA98

Amount of Each Receipt this Period  
500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert Book

Mailing Address 14003 Highmark Sq

City State Zip Code  
Dallas TX 75254-8505

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

Name of Employer Occupation  
Retired Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 29 / 2011

**Transaction ID:** AE3BD8068117B486EBB7

Amount of Each Receipt this Period  
500.00

Earmarked (Directed)

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

**TOTAL** This Period (last page this line number only) ..... ▶ **500.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 15  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
National Jewish Democratic Council Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Jennifer Shaw

Mailing Address 1440 New York Ave NW

City Washington State DC Zip Code 20005-2131

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

Name of Employer Skadden, Arps Occupation Political Reports Analyst

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1035.00

Date of Receipt 01 / 27 / 2011  
Transaction ID: A2774944199A34D84AC3  
Amount of Each Receipt this Period 1035.00

**[MEMO ITEM]**  
Exempt Legal/Accounting Fees

**B.**

Full Name (Last, First, Middle Initial)  
Lawrence Noble

Mailing Address 1440 New York Ave

City Washington State DC Zip Code 20005-2111

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

Name of Employer Skadden, Arps Occupation Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1079.00

Date of Receipt 03 / 10 / 2011  
Transaction ID: A82887A656BF244409E5  
Amount of Each Receipt this Period 1079.00

**[MEMO ITEM]**  
Exempt Legal Fees

**C.**

Full Name (Last, First, Middle Initial)  
Chris Piper

Mailing Address 1400 New York Ave NW

City Washington State DC Zip Code 20005-2107

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

Name of Employer Skadden, Arps Occupation Client Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 241.50

Date of Receipt 03 / 16 / 2011  
Transaction ID: AB89A9571402C4FB284F  
Amount of Each Receipt this Period 241.50

**[MEMO ITEM]**  
Exempt Legal/Accounting Fees

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 15	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Jewish Democratic Council Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Kenneth A. Gross		Date of Receipt
	Mailing Address 1440 New York Avenue, NW		<input type="text" value="06"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Washington	DC	20005-2131
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Skadden, Arps		Occupation Assistant Treasurer	<b>Transaction ID:</b> AD1185328E2BE4A6D8CD
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="2266.00"/>
		<input type="text" value="2266.00"/>	<b>[MEMO ITEM]</b> Exempt Legal Fees

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Jewish Democratic Council Political Action Committee

A.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: BA80D88F3205E41DEAC7
	Mailing Address P.O. Box 622227	Date of Disbursement MM / DD / YYYY 01 / 03 / 2011
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 235.00
	Purpose of Disbursement Credit Card Merchant Service Fees	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B8764079D2CCE4B2A856
	Mailing Address P.O. Box 622227	Date of Disbursement MM / DD / YYYY 01 / 04 / 2011
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 7.95
	Purpose of Disbursement Credit Card Merchant Service Fees	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) American Express	Transaction ID: B26ACDB6B82EE4C03853
	Mailing Address P.O. Box 622227	Date of Disbursement MM / DD / YYYY 02 / 02 / 2011
	City Orlando State FL Zip Code 32862-2227	Amount of Each Disbursement this Period 60.00
	Purpose of Disbursement Credit Card Merchant Service Fees	Category/ Type
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>302.95</b>
<b>TOTAL</b> 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)

<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)  
National Jewish Democratic Council Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B5766CCC0813349E0994 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 7.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B940145C7AD2B4658A53 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 60.00
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) American Express <hr/> Mailing Address P.O. Box 622227 <hr/> City Orlando State FL Zip Code 32862-2227 <hr/> Purpose of Disbursement Credit Card Merchant Service Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B739EB48B2C334C938DE Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 1 1
	Amount of Each Disbursement this Period 7.95
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>75.90</b>
<b>TOTAL</b> 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)  
National Jewish Democratic Council Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Credit Card Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B70691321CDF64023BC5</p> <p>Date of Disbursement MM / DD / YYYY 04 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 67.95</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Credit Card Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B63476BC8B1FC4182B34</p> <p>Date of Disbursement MM / DD / YYYY 05 / 02 / 2011</p> <p>Amount of Each Disbursement this Period 60.00</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 622227</p> <p>City Orlando State FL Zip Code 32862-2227</p> <p>Purpose of Disbursement Credit Card Merchant Service Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B46B8DD6669674559AF9</p> <p>Date of Disbursement MM / DD / YYYY 05 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 7.95</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

135.90

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

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

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

FOR LINE NUMBER:  
(check only one)

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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)  
National Jewish Democratic Council Political Action Committee

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

72.95

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

587.70

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

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

FOR LINE NUMBER: (check only one)

<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)  
National Jewish Democratic Council Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) National Jewish Democratic Council <hr/> Mailing Address 1701 K St NW Suite 301 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement In-Kind contribution: copy of 'Guide to Pro-Israel PACs' <hr/> Candidate Name Bradley Scott Schneider <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2E4BF80E6959412788B Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 1
	Amount of Each Disbursement this Period 100.00
<b>B.</b> Full Name (Last, First, Middle Initial) National Jewish Democratic Council <hr/> Mailing Address 1701 K St NW Suite 301 <hr/> City Washington State DC Zip Code 20006 <hr/> Purpose of Disbursement In-Kind contribution: copy of 'Guide to Pro-Israel PACs' <hr/> Candidate Name Shelley Berkley <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC094BA33E0524CE2990 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 6 / 2 0 1 1
	Amount of Each Disbursement this Period 100.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

200.00

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

200.00