

**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

02

01

2008

through

02

29

2008

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

Joel Davidson

Signature of Treasurer

Electronically Filed by Joel Davidson

Date

03

20

2008

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	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		490808.66
(b) Cash on Hand at Beginning of Reporting Period	496837.03	
(c) Total Receipts (from Line 19)	25197.53	69247.61
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	522034.56	560056.27
7. Total Disbursements (from Line 31)	6860.04	44881.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	515174.52	515174.52
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	Y	Y
0	2	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	9	2	0	0	8

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	19035.00	55935.00
(i) Itemized (use Schedule A)	5943.00	8658.00
(ii) Unitemized	24978.00	64593.00
(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) ➡	24978.00	64593.00
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	44.10	44.10
17. Other Federal Receipts (Dividends, Interest, etc.)	175.43	4610.51
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))	25197.53	69247.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25197.53	69247.61

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	0.00
(b) Other Federal Operating Expenditures.....	6485.04	27697.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	6485.04	27697.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16809.00
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	375.00	375.00
(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))	375.00	375.00
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))..	6860.04	44881.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6860.04	44881.75

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)	24978.00	64593.00
34. Total Contribution Refunds (from Line 28(d))	375.00	375.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24603.00	64218.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6485.04	27697.75
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	6485.04	27697.75

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 53

(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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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)

Deborah Baron

Mailing Address 134 Minell Place

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temporarily Unemployed

Occupation

HR Consulting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.20677

Amount of Each Receipt this Period

400.00

B.

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 ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.20785

Amount of Each Receipt this Period

250.00

credit card to Garrett for
Congress**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Karen Berger

Mailing Address 14 Kinzel Ln

City

West Orange

State

NJ

Zip Code

07052

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 ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.20746

Amount of Each Receipt this Period

475.00

SUBTOTAL of Receipts This Page (optional)

875.00

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 / 53

(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)

Harry Bernstein

Mailing Address 28 Columbia Ave.

City

Colonia

State

NJ

Zip Code

07067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Semple Bixel Assoc.

Occupation

Fund Raiser

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.20669

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sarah Biser

Mailing Address 20 Falcon's Ridge Circle

City

Holmdel

State

NJ

Zip Code

07733

FEC ID number of contributing
federal political committee.

C

Name of Employer
Postner & Rubin

Occupation

attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.20700

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Yehuda Blinder

Mailing Address 95 Dwight Pl

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Mgmt

Occupation

Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20780

Amount of Each Receipt this Period

1000.00

check to Garrett for Cong-
ress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

350.00

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 / 53

(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)

Barbara Bortniker

Mailing Address 4 Kinzel Lane

City

West Orange

State

NJ

Zip Code

07052

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.20676

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Barbara Bortniker

Mailing Address 4 Kinzel Lane

City

West Orange

State

NJ

Zip Code

07052

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 ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.20768

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

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 ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.20715

Amount of Each Receipt this Period

1800.00

SUBTOTAL of Receipts This Page (optional)

2125.00

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 / 53

(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)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

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 ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.20716

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

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 ▼

2125.00

Date of Receipt

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

Transaction ID: SA11AI.20779

Amount of Each Receipt this Period

1000.00

credit card to Garrett for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Esther Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

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 ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.20838

Amount of Each Receipt this Period

2000.00

credit card to Friends of
Landrieu

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

325.00

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 / 53

(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 Cohain

Mailing Address 363 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20710

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David Cohain

Mailing Address 363 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20711

Amount of Each Receipt this Period

100.00

C.

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 ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.20783

Amount of Each Receipt this Period

500.00

check to Garrett for Cong-
ress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

350.00

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 / 53

(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)

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
SelfOccupation
Financier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.20811

Amount of Each Receipt this Period

1000.00

check to the Reed Committ-
ee**[MEMO ITEM]****B.**

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
SelfOccupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.20784

Amount of Each Receipt this Period

500.00

credit card to Garrett for
Congress**[MEMO ITEM]****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
SelfOccupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.20815

Amount of Each Receipt this Period

500.00

credit card to the Reed
Committee**[MEMO ITEM]**

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 12 / 53

(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 Friedman

Mailing Address 470 Cape May St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
jewelry

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.20680

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Michael Gartenberg

Mailing Address 297 Ogden Ave.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jupitermedia corp.

Occupation
VP

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 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.20749

Amount of Each Receipt this Period

275.00

C.

Full Name (Last, First, Middle Initial)

Jerry 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
Stone Post Realty

Occupation
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 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.20702

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

3050.00

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 / 53

(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)

Jerry 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
Stone Post Realty

Occupation
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 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.20782

Amount of Each Receipt this Period

500.00

credit card to Garrett for
Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Robert Goodman

Mailing Address 473 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.20812

Amount of Each Receipt this Period

1000.00

credit card to the Reed
Committee

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Irene Gottesman

Mailing Address 285 Sunset Ave

City

Englewood

State

NJ

Zip Code

07631

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 ▼

475.00

Date of Receipt

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

Transaction ID: SA11AI.20739

Amount of Each Receipt this Period

475.00

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 14 / 53

(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)

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
SelfOccupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.20681

Amount of Each Receipt this Period

500.00

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
SelfOccupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20787

Amount of Each Receipt this Period

250.00

check to Garrett for Cong-
ress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Reuben E. Gross

Mailing Address 1299 Wellington Ave.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.20674

Amount of Each Receipt this Period

1000.00

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 15 / 53

(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)

Reuben E. Gross

Mailing Address 1299 Wellington Ave.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	8

Transaction ID: SA11AI.20675

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David Halpern

Mailing Address 8 Stonehenge Drive

City

Livingston

State

NJ

Zip Code

07039

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20842

Amount of Each Receipt this Period

1000.00

check to Friends of Landr-
ieu**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Gladys Halpern

Mailing Address 170 W. King St.

City

Hillside

State

NJ

Zip Code

07205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20846

Amount of Each Receipt this Period

500.00

check to Friends of Landr-
ieu**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)

250.00

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 / 53

(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)

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20835

Amount of Each Receipt this Period

2300.00

check to Friends of Landr-
ieu

[MEMO ITEM]

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20837

Amount of Each Receipt this Period

2200.00

check to Friends of Landr-
ieu

[MEMO ITEM]

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 ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.20806

Amount of Each Receipt this Period

2300.00

check to the Reed Committ-
ee

[MEMO ITEM]

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 17 / 53

(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)

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 ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.20814

Amount of Each Receipt this Period

700.00

check to the Reed Committ-
ee

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Lieba Halpern

Mailing Address 160 W. 66 St.

City

New York

State

NY

Zip Code

10023

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20836

Amount of Each Receipt this Period

2300.00

check to Friends of Landr-
ieu

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Lieba Halpern

Mailing Address 160 W. 66 St.

City

New York

State

NY

Zip Code

10023

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20839

Amount of Each Receipt this Period

1900.00

check to Friends of Landr-
ieu

[MEMO ITEM]

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 18 / 53

(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)

Murray Halpern

Mailing Address 6 Thames Drive

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic RealtyOccupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20840

Amount of Each Receipt this Period

1000.00

check to Friends of Landr-
ieu**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Sam Halpern

Mailing Address 170 W King St

City

Hillside

State

NJ

Zip Code

07205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic RealtyOccupation
Real Estate Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20845

Amount of Each Receipt this Period

500.00

check to Friends of Landr-
ieu**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Barry Honig

Mailing Address 151 Deerfield Drive

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Jersey RepublicansOccupation
executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	0	8

Transaction ID: SA11AI.20717

Amount of Each Receipt this Period

275.00

SUBTOTAL of Receipts This Page (optional)

275.00

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 / 53

(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)

Mordecai Katz

Mailing Address 300 E. Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.20810

Amount of Each Receipt this Period

2000.00

check to the Reed Committ-
ee

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joshua Landes

Mailing Address 740 W 232nd Street

City

Riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wynnefield CapitalOccupation
Investment Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.20828

Amount of Each Receipt this Period

1500.00

credit card to McCain 200-
8, Inc.

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Eric Lankin

Mailing Address 139 North Sixth Avenue

City

Highland Park

State

NJ

Zip Code

08904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jewish National FundOccupation
Chief of Education

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 2 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.20734

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

200.00

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 / 53

(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)

Robert Lebovics

Mailing Address 156 Dwight 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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20781

Amount of Each Receipt this Period

500.00

check to Garrett for Cong-
ress

[MEMO ITEM]

B.

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20777

Amount of Each Receipt this Period

2000.00

credit card to Garrett for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Michael Levin

Mailing Address 2 Chestnut Hill Rd

City

Manalapan

State

NJ

Zip Code

07726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Levin, Shea, Pfeffer & Topa-
s, PA

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20778

Amount of Each Receipt this Period

1000.00

check to Garrett for Cong-
ress

[MEMO ITEM]

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 21 / 53

(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)

Saul Levine

Mailing Address 604 Rutland Ave.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Horizon Project Advisors

Occupation

Construction Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	8

Transaction ID: SA11AI.20732

Amount of Each Receipt this Period

275.00

B.

Full Name (Last, First, Middle Initial)

Eliane Levy

Mailing Address 27 Prospect Rd

City

Livingston

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.20670

Amount of Each Receipt this Period

325.00

C.

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 ▼

2125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	8

Transaction ID: SA11AI.20825

Amount of Each Receipt this Period

2300.00

check to McCain 2008, Inc.

[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
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 53

(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 ▼

2125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.20833

Amount of Each Receipt this Period

1460.00

check to McCain 2008, Inc.

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shari 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

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.20826

Amount of Each Receipt this Period

2300.00

check to McCain 2008, Inc.

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Shari 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

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.20827

Amount of Each Receipt this Period

2300.00

check to McCain 2008, Inc.

[MEMO ITEM]

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 23 / 53

(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)

Harley Lippman

Mailing Address 1021 Park Ave. 7C

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tech Co.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20843

Amount of Each Receipt this Period

1000.00

credit card to Friends of
Landrieu

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Josh Mallin

Mailing Address 381 Forest Ave.

City

Woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wegman & Myers

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.20760

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Daniel Mondrow

Mailing Address 280 Main St.

City

Metuchen

State

NJ

Zip Code

08840

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20765

Amount of Each Receipt this Period

250.00

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 24 / 53

(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)

Carole Oshinsky

Mailing Address 44 Beech Wood Ter

City

Yonkers

State

NY

Zip Code

10705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nat'l Cntr 4 ChildrenInPo-
verty

Occupation
Editor

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 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.20721

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gilad Ottensoser

Mailing Address 285 Robin Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deutsche Bank Securities
Inc.

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20786

Amount of Each Receipt this Period

250.00

credit card to Garrett for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jeffrey parker

Mailing Address 269 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Lamm

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.20813

Amount of Each Receipt this Period

1000.00

check to the Reed Committ-
ee

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

250.00

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 / 53

(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)

Jack Rosen

Mailing Address 18 E. 85th St

City

New York

State

NY

Zip Code

10028

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20844

Amount of Each Receipt this Period

1000.00

check to Friends of Landr-
ieu

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Michael Ross

Mailing Address 300 Central Park West

City

New York

State

NY

Zip Code

10024

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.20848

Amount of Each Receipt this Period

200.00

check to Friends of Landr-
ieu

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Steve Schaffer

Mailing Address 261 Grayson Pl.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
IBM

Occupation
Software Architect

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 2 / 2 6 / 2 0 0 8

Transaction ID: SA11AI.20757

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)

325.00

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 / 53

(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)

Andrew Shechtel

Mailing Address 33 Witherspoon
3rd floorCity State Zip Code
Princeton NJ 08542FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20703

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Ricky Shechtel

Mailing Address 33 Witherspoon St.

City State Zip Code
Princeton NJ 08542FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20704

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Elliot Shulman

Mailing Address 105 Dana Place

City State Zip Code
Englewood NJ 07631FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20718

Amount of Each Receipt this Period

500.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 53

(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)

Elliot Shulman

Mailing Address 105 Dana Place

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 ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.20719

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Elliot Shulman

Mailing Address 105 Dana Place

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.20673

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Sandra Solomon

Mailing Address 210 Allison Ct.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts used

Occupation
best efforts used

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

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

Transaction ID: SA11AI.20695

Amount of Each Receipt this Period

360.00

SUBTOTAL of Receipts This Page (optional)

560.00

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)

Anne Spring

Mailing Address 15 Nottingham Rd.

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

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 2 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.20707

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David Steinberg

Mailing Address 70-30 137 St.

City

Flushing

State

NY

Zip Code

11367

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

Mortgage Broker

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 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.20727

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Trudy Stern

Mailing Address 480 ocean ave

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 8

Transaction ID: SA11AI.20701

Amount of Each Receipt this Period

400.00

SUBTOTAL of Receipts This Page (optional)

850.00

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
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Moshael Straus

Mailing Address 140 S. Woodland St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multicare Management

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20807

Amount of Each Receipt this Period

2300.00

check to the Reed Committ-
ee

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Moshael Straus

Mailing Address 140 S. Woodland St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multicare Management

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20809

Amount of Each Receipt this Period

2300.00

check to the Reed Committ-
ee

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Leslie Tugetman

Mailing Address 612 West 232 Street

City

Riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Interior Design

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.20685

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

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
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Lisa Wexler

Mailing Address 21 Poplar Plain Rd.

City

Westport

State

CT

Zip Code

06880

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 ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.20745

Amount of Each Receipt this Period

325.00

B.

Full Name (Last, First, Middle Initial)

Florence Wolf

Mailing Address 376 Central Ave, Apt 4B

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 0 8

Transaction ID: SA11AI.20763

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

19035.00

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

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

FOR LINE NUMBER: PAGE 31 / 53

(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)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City State Zip Code
LOUISVILLE KY 40201

FEC ID number of contributing
federal political committee.

C C00193342

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

44.10

Date of Receipt

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

Transaction ID: SA16.20773

Amount of Each Receipt this Period

44.10

Refund of contribution over limit

SUBTOTAL of Receipts This Page (optional)

44.10

TOTAL This Period (last page this line number only)

44.10

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

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

FOR LINE NUMBER: PAGE 32 / 53

(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)

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 ▼

4453.44

Date of Receipt

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

Transaction ID: SA17.20649

Amount of Each Receipt this Period

18.36

Interest Income

B.

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 ▼

4610.51

Date of Receipt

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

Transaction ID: SA17.20650

Amount of Each Receipt this Period

157.07

Sweep Account Interest In-
come

SUBTOTAL of Receipts This Page (optional)

175.43

TOTAL This Period (last page this line number only)

175.43

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)
Joel Davidson

Mailing Address 25 Ellen Drive

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
January Travel Reimbursement
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20653

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.16

B.

Full Name (Last, First, Middle Initial)
Joel Davidson

Mailing Address 25 Ellen Drive

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
Travel Reimbursement Feb 08
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20668

Date of Disbursement

/ /

Amount of Each Disbursement this Period

210.28

C.

Full Name (Last, First, Middle Initial)
Oxford Health Plans NJ, Inc.

Mailing Address 14 Central Park Drive

City State Zip Code
Hooksett NH 03106

Purpose of Disbursement
Davidson Health Ins. March 08
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20662

Date of Disbursement

/ /

Amount of Each Disbursement this Period

485.51

SUBTOTAL of Disbursements This Page (optional)

945.95

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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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.

City State Zip Code
Piscataway NJ 08854

Purpose of Disbursement

Davidson Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20654

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1339.96

B.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 1551 S. Washington Ave.

City State Zip Code
Piscataway NJ 08854

Purpose of Disbursement

Nunez Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20655

Date of Disbursement

/ /

Amount of Each Disbursement this Period

215.82

C.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 1551 S. Washington Ave.

City State Zip Code
Piscataway NJ 08854

Purpose of Disbursement

Taxes

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20656

Date of Disbursement

/ /

Amount of Each Disbursement this Period

759.41

SUBTOTAL of Disbursements This Page (optional)

2315.19

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.

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement

Service Charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20657

Date of Disbursement

/ /

Amount of Each Disbursement this Period

207.15

B.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 1551 S. Washington Ave.

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement

Davidovics Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20660

Date of Disbursement

/ /

Amount of Each Disbursement this Period

445.68

C.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 1551 S. Washington Ave.

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement

Davidson Payroll

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20663

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1339.96

SUBTOTAL of Disbursements This Page (optional)

1992.79

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.20664 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>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	2		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	2		2	0	0	8												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement Taxes	<table border="1"> <tr> <td colspan="10">570.82</td> </tr> </table>	570.82																			
570.82																					
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) paypal	Transaction ID: SB21B.20651 Date of Disbursement																				
Mailing Address PO Box 45950	<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>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	9		2	0	0	8												
City Omaha State NE Zip Code 68145	Amount of Each Disbursement this Period																				
Purpose of Disbursement Paypal Fee	<table border="1"> <tr> <td colspan="10">319.43</td> </tr> </table>	319.43																			
319.43																					
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) Triangle Exxon	Transaction ID: SB21B.20862 Date of Disbursement																				
Mailing Address 2151 Lemoine 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>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	9		2	0	0	8												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement Expenses after reaching \$200 in '08	<table border="1"> <tr> <td colspan="10">132.77</td> </tr> </table>	132.77																			
132.77																					
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) ▼																				

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

890.25

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)
Valley National Bank

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
Credit Card Payment

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20661

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.50

B.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20647

Date of Disbursement

/ /

Amount of Each Disbursement this Period

196.68

C.

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

Mailing Address PO Box 17120

City State Zip Code
Tucson AZ 85731

Purpose of Disbursement
Phone Service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20665

Date of Disbursement

/ /

Amount of Each Disbursement this Period

101.68

SUBTOTAL of Disbursements This Page (optional)

340.86

TOTAL This Period (last page this line number only)

6485.04

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)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from Jack Halpern

Candidate Name
MARY L LANDRIEU

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

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20850

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from Lieba Halpern

Candidate Name
MARY L LANDRIEU

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

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20851

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from Jack Halpern

Candidate Name
MARY L LANDRIEU

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

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20852

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

2200.00

[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)

PAGE 39 / 53

☐ 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)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from Lieba Halpern

Candidate Name
MARY L LANDRIEU

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

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20854

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

1900.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from Murray Halpern

Candidate Name
MARY L LANDRIEU

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

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20855

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from David Halpern

Candidate Name
MARY L LANDRIEU

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

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20856

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

[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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<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)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from Jack Rosen

Candidate Name
MARY L LANDRIEU

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20858

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from Sam Halpern

Candidate Name
MARY L LANDRIEU

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20859

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from Gladys Halpern

Candidate Name
MARY L LANDRIEU

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20860

Date of Disbursement

02 / 19 / 2008

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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<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)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
check from Michael Ross

Candidate Name
MARY L LANDRIEU

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20861

Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
credit card from Esther Chouake

Candidate Name
MARY L LANDRIEU

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20853

Date of Disbursement

02 / 20 / 2008

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement
credit card from Harley Lippman

Candidate Name
MARY L LANDRIEU

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20857

Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

1000.00

[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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<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)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement
credit card from Kevin Lemmer

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20789

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement
check from Michael Levin

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20790

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement
credit card from Ben Chouake

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20791

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

[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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<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)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement
check from Yehuda Blinder

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20792

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement
check from Robert Lebovics

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20794

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement
check from Reuven Escott

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20797

Date of Disbursement

02 / 11 / 2008

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)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City State Zip Code
SUSSEX NJ 07461

Purpose of Disbursement
check from Robert Gottesman

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20802

Date of Disbursement

02 / 11 / 2008

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City State Zip Code
SUSSEX NJ 07461

Purpose of Disbursement
credit card from Mort Fridman

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20799

Date of Disbursement

02 / 12 / 2008

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City State Zip Code
SUSSEX NJ 07461

Purpose of Disbursement
credit card from Alan Berger

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20800

Date of Disbursement

02 / 13 / 2008

Amount of Each Disbursement this Period

250.00

[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)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement
credit card from Jerry Gontownik

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20795

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement
credit card from Gilad Ottensofer

Candidate Name
E SCOTT GARRETT

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 05

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20801

Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
check from Nathan Lindenbaum

Candidate Name
JOHN S MCCAIN

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20829

Date of Disbursement

02 / 06 / 2008

Amount of Each Disbursement this Period

2300.00

[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) JOHN MCCAIN 2008 INC.	Transaction ID: SB23.20830 Date of Disbursement
Mailing Address PO BOX 16118	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div>
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
Purpose of Disbursement check from Shari Lindenbaum	<div>2300.00</div>
Candidate Name JOHN S MCCAIN	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC.	Transaction ID: SB23.20831 Date of Disbursement
Mailing Address PO BOX 16118	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div>
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
Purpose of Disbursement check from Shari Lindenbaum	<div>2300.00</div>
Candidate Name JOHN S MCCAIN	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC.	Transaction ID: SB23.20834 Date of Disbursement
Mailing Address PO BOX 16118	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 6 / 2 0 0 8</div> </div>
City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
Purpose of Disbursement check from Nathan Lindenbaum	<div>1460.00</div>
Candidate Name JOHN S MCCAIN	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 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.	<p>Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC.</p> <hr/> <p>Mailing Address PO BOX 16118</p> <hr/> <p>City ARLINGTON State VA Zip Code 22215</p> <hr/> <p>Purpose of Disbursement credit card from Joshua Landes</p> <hr/> <p>Candidate Name JOHN S MCCAIN</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00</p> <hr/> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.20832 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 2 2 8 2 0 0 8 </div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> </p> <hr/> <p>[MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) REED COMMITTEE</p> <hr/> <p>Mailing Address PO BOX 8628</p> <hr/> <p>City CRANSTON State RI Zip Code 02920</p> <hr/> <p>Purpose of Disbursement check from Jack Halpern</p> <hr/> <p>Candidate Name JACK REED</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00</p> <hr/> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.20816 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 2 2 4 2 0 0 8 </div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2300.00</div> </p> <hr/> <p>[MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) REED COMMITTEE</p> <hr/> <p>Mailing Address PO BOX 8628</p> <hr/> <p>City CRANSTON State RI Zip Code 02920</p> <hr/> <p>Purpose of Disbursement check from Mordecai Katz</p> <hr/> <p>Candidate Name JACK REED</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00</p> <hr/> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.20819 Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> M M D D Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 0 2 2 4 2 0 0 8 </div> </div> </p> <hr/> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">2000.00</div> </p> <hr/> <p>[MEMO ITEM]</p>

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)
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
check from David Fishel

Candidate Name
JACK REED

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.20820

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
credit card from Robert Goodman

Candidate Name
JACK REED

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.20821

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
check from Jeffrey Parker

Candidate Name
JACK REED

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.20822

Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

1000.00

[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 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)
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
check from Jack HalpernCandidate Name
JACK REED011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.20823

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	8

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
credit card from Mort FridmanCandidate Name
JACK REED011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.20824

Date of Disbursement

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

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
check from Moshael StrausCandidate Name
JACK REED011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: RI District: 00

Transaction ID: SB23.20817

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	8

Amount of Each Disbursement this Period

2300.00

[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 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)
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement
check from Moshael StrausCandidate Name
JACK REEDOffice Sought: ☐ House
☒ Senate
☐ President

State: RI District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.20818

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2008

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 53

<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)
David Weinstock

Mailing Address 253 Broadway

City Lynbrook State NY Zip Code 11563

Purpose of Disbursement
Refund of S.Corp Donation

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB28A.20667

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

250.00

TOTAL This Period (last page this line number only)

250.00

Form/Schedule: **SB21B** Credit card expenses at unique vendors from January 1 through February 29, 2008 aggregating to \$200 or more for the year are listed as memo entries in line 21(b). Where more than one purchase was made from a particular vendor, I added the purchases and reported the sum total as being spent on the last day any purchase was made from that vendor that month.

Transaction ID: **SB21B.20862**

Form/Schedule: **SB23** Sent to John McCain 2008 with a letter stating 'we request that the McCain 2008 committee refund Mr. Lindenbaum \$840, which is the amount he donated to McCain Exploratory in December 2006 (Etzioni Partners check #1348) and which combined with his new donation would otherwise cause an excess contribution.'

Transaction ID: **SB23.20829**

Image# 28990628434

Form/Schedule: **SB28A** It was discovered that check #6358 for \$250 received 1/14/08 and deposited in January was from an S Corp, 'David Weinstock M.D.P.C.' After consultation with Dorothy Yeager of the FEC Info Division on 2/28/08, NORPAC fully refunded David Weinstock M.D.P.C. with check #994 on 2/29/08.

Transaction ID: **SB28A.20667**
