

**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
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		382299.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	397608.17									
(c) Total Receipts (from Line 19)	26096.28	198118.72								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	423704.45	580417.72								
7. Total Disbursements (from Line 31)	23346.05	180059.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	400358.40	400358.40								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NORPAC

Report Covering the Period: From:

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	19250.00	144015.75
(i) Itemized (use Schedule A)		
(ii) Unitemized	706.00	41698.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	19956.00	185714.10
(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)	19956.00	185714.10
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)	307.34	991.87
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	832.94	6412.75
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))	26096.28	198118.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26096.28	198118.72

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)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	7882.05	107955.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	7882.05	107955.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15464.00	70714.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1390.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1390.00
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))..	23346.05	180059.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	23346.05	180059.32

DETAILED SUMMARY PAGE
of Disbursements

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)	19956.00	185714.10
34. Total Contribution Refunds (from Line 28(d))	0.00	1390.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	19956.00	184324.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7882.05	107955.32
37. Offsets to Operating Expenditures (from Line 15, page 3)	307.34	991.87
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7574.71	106963.45

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
Malkie Aaron

Mailing Address 346 Broad Ave

City Englewood State NJ Zip Code 07631

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

Name of Employer Aaron Real Estate 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 8 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.16732

Amount of Each Receipt this Period
 36.00

check to Debra Pryce

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Ralph Abecasis

Mailing Address 288 Jones Rd

City Englewood State NJ Zip Code 07631

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

Name of Employer DSA Management 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 8 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.16731

Amount of Each Receipt this Period
 200.00

check to Deborah Pryce

[MEMO ITEM]

C. 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 8 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.16729

Amount of Each Receipt this Period
 200.00

check to Deborah Pryce

[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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Susan Berger

Mailing Address 746 Downing St.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer State of NJ Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
08 / 20 / 2006

Transaction ID: SA11A1.16730

Amount of Each Receipt this Period
100.00

check to Deborah Pryce

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
David Bortniker

Mailing Address 4 Kinzel Lane

City State Zip Code
West Orange NJ 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 ▼ 350.00

Date of Receipt
08 / 03 / 2006

Transaction ID: SA11A1.16772

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Ken Cappell

Mailing Address 100 Riverside Dr.

City State Zip Code
New York NY 10024

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

Name of Employer Price waterhouse coopers Occupation accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
08 / 15 / 2006

Transaction ID: SA11A1.16785

Amount of Each Receipt this Period
250.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Ben Chouake		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 245 Hutchinson Rd.		Transaction ID: SA11A1.16680	
City Englewood	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 07666		credit card to Conrad Bur-ns	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Emergimed	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ .00			

Full Name (Last, First, Middle Initial) B. Ben Chouake		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 245 Hutchinson Rd.		Transaction ID: SA11A1.16715	
City Englewood	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 07666		credit card to Deborah Pryce	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Emergimed	Occupation Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ .00			

Full Name (Last, First, Middle Initial) C. Seth Dombeck		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2006	
Mailing Address 1341 North Ave Apt 5C		Transaction ID: SA11A1.16713	
City Elizabeth	State NJ	Amount of Each Receipt this Period 750.00	
Zip Code 07208		check to Deborah Pryce	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Berkshire Abstract/Title Agency	Occupation Attorney	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ .00			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Marc Feder Mailing Address 288 Broad Ave. City Englewood State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 31 / 2006 Transaction ID: SA11A1.16795 Amount of Each Receipt this Period 250.00
Name of Employer Acker & Li Mills Occupation Clothing Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Jonathan Fischer Mailing Address 86 Davison Pl City Englewood State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2006 Transaction ID: SA11A1.16734 Amount of Each Receipt this Period 100.00
Name of Employer Washington Mutual Occupation Real Estate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		check to Deborah Pryce [MEMO ITEM]

C. 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		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006 Transaction ID: SA11A1.16764 Amount of Each Receipt this Period 1000.00
Name of Employer Self Occupation Financier Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	1250.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
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 ▼
 .00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.16727

Amount of Each Receipt this Period
 500.00

check to Deborah Pryce

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Anne Gontownik

Mailing Address 250 Mountain Rd.

City Englewood State NJ Zip Code 07631

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

Name of Employer none Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 .00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.16726

Amount of Each Receipt this Period
 250.00

check to Deborah Pryce

[MEMO ITEM]

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 ▼
 .00

Date of Receipt
M M / D D / Y Y Y Y
0 8 / 0 7 / 2 0 0 6

Transaction ID: SA11A1.16669

Amount of Each Receipt this Period
 1000.00

check to ERICPAC

[MEMO ITEM]

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 / 48
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
08 / 20 / 2006

Transaction ID: SA11A1.16725

Amount of Each Receipt this Period
1000.00

check to Deborah Pryce

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Kenneth Greif

Mailing Address 240 Maple St.

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Venture Capitalist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
08 / 29 / 2006

Transaction ID: SA11A1.16712

Amount of Each Receipt this Period
500.00

check to Deborah Pryce

[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 Self Occupation Psychologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
08 / 04 / 2006

Transaction ID: SA11A1.16697

Amount of Each Receipt this Period
300.00

credit card to Joe Lieberman

[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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Jack Halpern

Mailing Address 160 W. 66th St.

City State Zip Code
New York NY 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
08 / 28 / 2006

Transaction ID: SA11A1.16717

Amount of Each Receipt this Period
1000.00

check to Deborah Pryce

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Harry Kanner

Mailing Address 218 Van Nostrand Ave.

City State Zip Code
Englewood NJ 07631

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

Name of Employer Dennis Interactive, Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
08 / 04 / 2006

Transaction ID: SA11A1.16699

Amount of Each Receipt this Period
200.00

check to Joe Lieberman

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Robert Kikin

Mailing Address 585 Churchill Rd.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Fred Lonner & Co. Occupation Salesman

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
08 / 01 / 2006

Transaction ID: SA11A1.16698

Amount of Each Receipt this Period
250.00

credit card to Joe Lieberman

[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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Jay Knopf		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006
Mailing Address 546 Wilmerding Ave		Transaction ID: SA11A1.16788
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Goldman Sachs	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Leon Kozak		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2006
Mailing Address 280 Jones Rd.		Transaction ID: SA11A1.16724
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		check to Deborah Pryce
Name of Employer Self	Occupation Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Robert Kreitman		Date of Receipt M M / D D / Y Y Y Y 08 / 21 / 2006
Mailing Address 22 Marshall Drive		Transaction ID: SA11A1.16676
City State Zip Code Edison NJ 08817	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		check to Bob Andrews
Name of Employer Self	Occupation Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Marrick Kukin		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2006
Mailing Address 156 Elm Rd.		Transaction ID: SA11A1.16780
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 5000.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mt. Sinai Med Ctr	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Emanuel Landau		Date of Receipt M M / D D / Y Y Y Y 08 / 20 / 2006
Mailing Address 1279 Pennington Road		Transaction ID: SA11A1.16723
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		check to Deborah Pryce
Name of Employer NYC Board of Education	Occupation School Psychologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Bryna Landes		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 740 West 232 St		Transaction ID: SA11A1.16775
City State Zip Code Riverdale NY 10463	Amount of Each Receipt this Period 675.00	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

SUBTOTAL of Receipts This Page (optional) ▶	5675.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 48
	<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

Full Name (Last, First, Middle Initial) A. Joshua Landes		Date of Receipt MM / DD / YYYY 08 / 07 / 2006
Mailing Address 740 W 232nd Street		Transaction ID: SA11A1.16773
City Riverdale	State NY	Zip Code 10463
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Wynnefield Capital	Occupation Investment Management	\$125 refunded September 20, 2006
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5125.00	

Full Name (Last, First, Middle Initial) B. Kevin Lemmer		Date of Receipt MM / DD / YYYY 08 / 20 / 2006
Mailing Address 140 Downey Dr.		Transaction ID: SA11A1.16722
City Tenafly	State NJ	Zip Code 07670
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer ADAR Investment Management	Occupation Financial Analyst	check to Deborah Pryce [MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) C. Daniel Lewis		Date of Receipt MM / DD / YYYY 08 / 20 / 2006
Mailing Address 132 Meadowbrook Rd.		Transaction ID: SA11A1.16721
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Gem Asset Management	Occupation Financial Analyst	check to Deborah Pryce [MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Nathan Lindenbaum

Mailing Address 1485 Jefferson St.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Spears, Leeds and Kellogg CPA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
08 / 07 / 2006

Transaction ID: SA11A1.16701

Amount of Each Receipt this Period
100.00

check to Joe Lieberman

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Benjamin Lopata

Mailing Address 112-03 68th Ave

City State Zip Code
Forest Hills NY 11375

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

Name of Employer Occupation
JP Morgan Banker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
08 / 10 / 2006

Transaction ID: SA11A1.16695

Amount of Each Receipt this Period
1000.00

credit card to Joe Lieberman

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Michael Lustig

Mailing Address 171 West 71st St Apt 6A

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Black Rock, Inc. Portfolio Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 15 / 2006

Transaction ID: SA11A1.16783

Amount of Each Receipt this Period
2500.00

SUBTOTAL of Receipts This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 48
	<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

Full Name (Last, First, Middle Initial) A. Jason Muss		Date of Receipt M M / D D / Y Y Y Y 08 / 08 / 2006	
Mailing Address 181 East 90th		Transaction ID: SA11A1.16679	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	check to Conrad Burns		
Name of Employer Muss Development Corp	Occupation Real Estate Developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Jason Muss		Date of Receipt M M / D D / Y Y Y Y 08 / 17 / 2006	
Mailing Address 181 East 90th		Transaction ID: SA11A1.16781	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 3375.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Muss Development Corp	Occupation Real Estate Developer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00		

Full Name (Last, First, Middle Initial) C. Drew Parker		Date of Receipt M M / D D / Y Y Y Y 08 / 28 / 2006	
Mailing Address 159 Maple St.		Transaction ID: SA11A1.16716	
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Kingsbrook Investments	Occupation Real Estate		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

check to Deborah Pryce

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶	3375.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Jeffrey parker		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 269 Maple St.		Transaction ID: SA11A1.16670
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 500.00
Name of Employer Parker Lamm	Occupation Real Estate	check to ERICPAC [MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) B. Jim Pastreich		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006
Mailing Address 548 W. 28th St.		Transaction ID: SA11A1.16796
City New York	State NY	Zip Code 10001
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 100.00
Name of Employer Pinetree Group Inc.	Occupation Real Estate Developer	credit card to Conrad Bur-ns [MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David Rabinowitz		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006
Mailing Address 83 E. Linden Ave.		Transaction ID: SA11A1.16681
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 250.00
Name of Employer JPMorgan	Occupation VP	credit card to Conrad Bur-ns [MEMO ITEM]
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

SUBTOTAL of Receipts This Page (optional) ▶	100.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)
Philip Refson

Mailing Address 10 Concklin Lane

City State Zip Code
Rockleigh NJ 07647

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

Name of Employer Self Occupation Investor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
08 / 29 / 2006

Transaction ID: SA11A1.16820

Amount of Each Receipt this Period
500.00

check to Deborah Pryce

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Harry Reidler

Mailing Address 263 Hutchinson Rd.

City State Zip Code
Englewood NJ 07631

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

Name of Employer Self Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
08 / 20 / 2006

Transaction ID: SA11A1.16720

Amount of Each Receipt this Period
100.00

check to Deborah Pryce

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Gene Rosenberg

Mailing Address 507 Forest Avenue

City State Zip Code
Teaneck NJ 07666

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
08 / 17 / 2006

Transaction ID: SA11A1.16686

Amount of Each Receipt this Period
250.00

check to Anthony Weiner

[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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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)
Ronald Rubin

Mailing Address 3530 Henry Hudson Pkwy
Apt 3J

City State Zip Code
Bronx NY 10463

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

Name of Employer Occupation
CUNY Educator

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 01 / 2006

Transaction ID: SA11A1.16700

Amount of Each Receipt this Period
100.00

credit card to Joe Lieberman

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Evan Sehgal

Mailing Address 245 E. Palisade Ave

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
Cardiovascular Consultants Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 20 / 2006

Transaction ID: SA11A1.16719

Amount of Each Receipt this Period
250.00

check to Deborah Pryce

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Herbert Seif

Mailing Address 251 East Linden Avenue

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
O'Connor & Associates Investments

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 07 / 2006

Transaction ID: SA11A1.16668

Amount of Each Receipt this Period
1000.00

check to ERICPAC

[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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Steven Sholk		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2006	
Mailing Address 4 Civic Center Dr. Apt 5		Transaction ID: SA11A1.16688	
City East Brunswick	State NJ	Zip Code 01186	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		check to Anthony Weiner	
Name of Employer Gibbons Deldeo	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Moshael Straus		Date of Receipt M M / D D / Y Y Y Y 08 / 01 / 2006	
Mailing Address 140 S. Woodland St.		Transaction ID: SA11A1.16694	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C		check to Joe Lieberman	
Name of Employer Multicare Management	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Moshael Straus		Date of Receipt M M / D D / Y Y Y Y 08 / 07 / 2006	
Mailing Address 140 S. Woodland St.		Transaction ID: SA11A1.16667	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		check to ERICPAC	
Name of Employer Multicare Management	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 48
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Barbara Weinstein

Mailing Address 16 W 16th St
Apt 9SS

City State Zip Code
New York NY 10011

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

Name of Employer Occupation
Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
MM / DD / YYYY
08 / 09 / 2006

Transaction ID: SA11A1.16702

Amount of Each Receipt this Period
72.00

credit card to Joe Lieberman

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Karen Weinstein

Mailing Address 11 Anthony Ave.

City State Zip Code
Edison NJ 08820

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
MM / DD / YYYY
08 / 15 / 2006

Transaction ID: SA11A1.16685

Amount of Each Receipt this Period
500.00

credit card to Anthony Weiner

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Karen Weinstein

Mailing Address 11 Anthony Ave.

City State Zip Code
Edison NJ 08820

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
MM / DD / YYYY
08 / 21 / 2006

Transaction ID: SA11A1.16718

Amount of Each Receipt this Period
500.00

credit card to Deborah Pryce

[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) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 23 / 48	
	(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)
Bernard Zweig

Mailing Address 393 West End Ave.

City State Zip Code
New York NY 10024

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

Name of Employer Self (Zweig Financial) Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	5	/	2	0	0	6

Transaction ID: SA11A1.16687

Amount of Each Receipt this Period

check to Anthony Weiner

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="19250.00"/>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
	<input type="checkbox"/> 12	<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) Paychex Mailing Address 1551 S. Washington Ave. City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 Transaction ID: SA15.16824 Amount of Each Receipt this Period 262.12 reimburse taxes
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 262.12	

B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave. City State Zip Code Piscataway NJ 08854 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6 Transaction ID: SA15.16825 Amount of Each Receipt this Period 45.22 reimburse taxes
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 307.34	

SUBTOTAL of Receipts This Page (optional)	307.34
TOTAL This Period (last page this line number only)	307.34

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 48
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input checked="" 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)
Menendez for Senate

Mailing Address 1100 Valley Brook Ave
Suite 205

City Lyndhurst State NJ Zip Code 07071

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

Name of Employer Occupation

Receipt For: 2006
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	4	/	2	0	0	6

Transaction ID: SA16.16733

Amount of Each Receipt this Period
5000.00

Contrib refund. See F1
Misc 8-14-06

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 48
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Valley National Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006
Mailing Address 1445 Valley Rd		Transaction ID: SA17.16758
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 719.95	
FEC ID number of contributing federal political committee. C		sweep account interest income
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6299.76	

Full Name (Last, First, Middle Initial) B. Valley National Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006
Mailing Address 1445 Valley Rd		Transaction ID: SA17.16760
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 12.61	
FEC ID number of contributing federal political committee. C		credit card interest income
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6312.37	

Full Name (Last, First, Middle Initial) C. Valley National Bank		Date of Receipt M M / D D / Y Y Y Y Y 08 / 31 / 2006
Mailing Address 1445 Valley Rd		Transaction ID: SA17.16763
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 100.38	
FEC ID number of contributing federal political committee. C		interest - cd 73133019
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6412.75	

SUBTOTAL of Receipts This Page (optional) ▶	832.94
TOTAL This Period (last page this line number only) ▶	832.94

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. ADP Benefit Services		Transaction ID: SB21B.16807	
Mailing Address 4900 University Ave - MS14		Date of Disbursement 08 / 10 / 2006	
City West Des Moines	State IA	Zip Code 50266	Amount of Each Disbursement this Period 343.27
Purpose of Disbursement health insure - Joel Davidson		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Noam Davidovics		Transaction ID: SB21B.16811	
Mailing Address 11 Westminster Pl 1st floor		Date of Disbursement 08 / 15 / 2006	
City Passaic	State NJ	Zip Code 07055	Amount of Each Disbursement this Period 713.35
Purpose of Disbursement Computer consulting		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Joel Davidson		Transaction ID: SB21B.16805	
Mailing Address 25 Ellen Drive		Date of Disbursement 08 / 02 / 2006	
City Rockaway	State NJ	Zip Code 07866	Amount of Each Disbursement this Period 209.91
Purpose of Disbursement July travel reimburse		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	1266.53
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

Full Name (Last, First, Middle Initial) A. Joel Davidson		Transaction ID: SB21B.16806 Date of Disbursement 08 / 02 / 2006	
Mailing Address 25 Ellen Drive		Amount of Each Disbursement this Period 252.75	
City Rockaway State NJ Zip Code 07866	Purpose of Disbursement July supplies 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) ▼		

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.16808 Date of Disbursement 08 / 10 / 2006	
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 120.36	
City Piscataway State NJ Zip Code 08854	Purpose of Disbursement invoice 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) ▼		

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.16809 Date of Disbursement 08 / 10 / 2006	
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 1679.39	
City Piscataway State NJ Zip Code 08854	Purpose of Disbursement payroll - Davidson and Nunez Candidate Name Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2052.50
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.16810 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 1 / 2 0 0 6
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 1082.72
City Piscataway State NJ Zip Code 08854		
Purpose of Disbursement taxes 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) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.16814 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6	
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 107.77	
City Piscataway State NJ Zip Code 08854			
Purpose of Disbursement taxes 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) ▼

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.16815 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6	
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 1679.39	
City Piscataway State NJ Zip Code 08854			
Purpose of Disbursement payroll - Davidson and Nunez Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	2869.88
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

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.16816 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 5 / 2 0 0 6
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 687.90
City Piscataway State NJ Zip Code 08854		
Purpose of Disbursement taxes 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) ▼	

Full Name (Last, First, Middle Initial) B. paypal		Transaction ID: SB21B.16761 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 0 6	
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 3.20	
City Omaha State NE Zip Code 68145			
Purpose of Disbursement August service fee 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) ▼

Full Name (Last, First, Middle Initial) C. Valley National Bank		Transaction ID: SB21B.16812 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6	
Mailing Address 1445 Valley Rd		Amount of Each Disbursement this Period 37.00	
City Wayne State NJ Zip Code 07470			
Purpose of Disbursement checks and deposit slips Candidate Name			Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	728.10
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

Full Name (Last, First, Middle Initial) A. Valley National Bank		Transaction ID: SB21B.16756	
Mailing Address 1445 Valley Rd		Date of Disbursement MM / DD / YYYY 08 / 31 / 2006	
City Wayne	State NJ	Zip Code 07470	Amount of Each Disbursement this Period 70.29
Purpose of Disbursement credit card processing fee		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Verizon wireless		Transaction ID: SB21B.16817	
Mailing Address PO Box 17120		Date of Disbursement MM / DD / YYYY 08 / 28 / 2006	
City Tucson	State AZ	Zip Code 85731	Amount of Each Disbursement this Period 72.98
Purpose of Disbursement phone service		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Rachel Wolkowitz		Transaction ID: SB21B.16819	
Mailing Address 16 Berry Drive		Date of Disbursement MM / DD / YYYY 08 / 02 / 2006	
City Wayne	State NJ	Zip Code 07470	Amount of Each Disbursement this Period 498.59
Purpose of Disbursement Development Assisant		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	641.86
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

Full Name (Last, First, Middle Initial) A. Rachel Wolkowitz		Transaction ID: SB21B.16818 Date of Disbursement 08 / 30 / 2006	
Mailing Address 16 Berry Drive		Amount of Each Disbursement this Period 263.23	
City Wayne	State NJ	Zip Code 07470	
Purpose of Disbursement Development Assistant		Category/ Type	
Candidate Name		Disbursement For:	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)	263.23
TOTAL This Period (last page this line number only)	7822.10

**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

Full Name (Last, First, Middle Initial) A. ANDREWS FOR CONGRESS COMMITTEE		Transaction ID: SB23.16797
Mailing Address 215 FOURTH AVENUE SUITE 200		Date of Disbursement MM / DD / YYYY 08 / 01 / 2006
City HADDON HEIGHTS	State NJ	Zip Code 08035
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name ROBERT E ANDREWS		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 01	

Full Name (Last, First, Middle Initial) B. ANDREWS FOR CONGRESS COMMITTEE		Transaction ID: SB23.16677
Mailing Address 215 FOURTH AVENUE SUITE 200		Date of Disbursement MM / DD / YYYY 08 / 21 / 2006
City HADDON HEIGHTS	State NJ	Zip Code 08035
Purpose of Disbursement check from Robert Kreitman		Amount of Each Disbursement this Period 500.00
Candidate Name ROBERT E ANDREWS		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 01	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16671
Mailing Address 25 East Main Street Suite 200		Date of Disbursement MM / DD / YYYY 08 / 07 / 2006
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Moshael Straus		Amount of Each Disbursement this Period 1000.00
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
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 34 / 48

<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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16672 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Herbert Seif		<input type="text" value="1000.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16673 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Jerry Gontownik		<input type="text" value="1000.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16674 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="08"/> <input type="text" value="07"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Jeffrey Parker		<input type="text" value="500.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16801 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>8</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		1	0		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement		Amount of Each Disbursement this Period																				
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<table border="1"><tr><td>414.00</td></tr></table>	414.00																			
414.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"><tr><td>011</td></tr><tr><td>Category/ Type</td></tr></table>	011	Category/ Type																		
011																						
Category/ Type																						
State: District:																						

Full Name (Last, First, Middle Initial) B. FRIENDS OF CONRAD BURNS - 2006		Transaction ID: SB23.16683 Date of Disbursement																				
Mailing Address PO BOX 1596		<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>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	7		2	0	0	6													
City HELENA	State MT	Zip Code 59624																				
Purpose of Disbursement credit card from Ben Chouake		Amount of Each Disbursement this Period																				
Candidate Name CONRAD BURNS		<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
State: MT District: 00																						

Full Name (Last, First, Middle Initial) C. FRIENDS OF CONRAD BURNS - 2006		Transaction ID: SB23.16684 Date of Disbursement																				
Mailing Address PO BOX 1596		<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>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	7		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	7		2	0	0	6													
City HELENA	State MT	Zip Code 59624																				
Purpose of Disbursement credit card from David Rabinowitz		Amount of Each Disbursement this Period																				
Candidate Name CONRAD BURNS		<table border="1"><tr><td>250.00</td></tr></table>	250.00																			
250.00																						
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]																				
State: MT District: 00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>414.00</td></tr></table>	414.00
414.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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

Full Name (Last, First, Middle Initial) A. FRIENDS OF CONRAD BURNS - 2006		Transaction ID: SB23.16682 Date of Disbursement																				
Mailing Address PO BOX 1596		<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>8</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	8		2	0	0	6													
City HELENA	State MT	Zip Code 59624																				
Purpose of Disbursement check from Jason Muss		Amount of Each Disbursement this Period <table border="1"><tr><td>1000.00</td></tr></table>	1000.00																			
1000.00																						
Candidate Name CONRAD BURNS		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: MT	District: 00																					

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.16711 Date of Disbursement																				
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		<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>8</td><td></td><td>0</td><td>9</td><td></td><td>1</td><td>9</td><td>9</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	9		1	9	9	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	9		1	9	9	6													
City HARTFORD	State CT	Zip Code 06103																				
Purpose of Disbursement credit card from Barbara Weinstein		Amount of Each Disbursement this Period <table border="1"><tr><td>72.00</td></tr></table>	72.00																			
72.00																						
Candidate Name FRIENDS OF JOE LIEBERMAN		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: CT	District: 00																					

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.16704 Date of Disbursement																				
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		<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>8</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	8		0	1		2	0	0	6													
City HARTFORD	State CT	Zip Code 06103																				
Purpose of Disbursement check from Moshael Straus		Amount of Each Disbursement this Period <table border="1"><tr><td>2000.00</td></tr></table>	2000.00																			
2000.00																						
Candidate Name FRIENDS OF JOE LIEBERMAN		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: CT	District: 00																					

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.16707 Date of Disbursement 08 / 01 / 2006	
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]	
City HARTFORD	State CT		Zip Code 06103
Purpose of Disbursement credit card from Robert Kikin			011 Category/ Type
Candidate Name FRIENDS OF JOE LIEBERMAN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 00			

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.16709 Date of Disbursement 08 / 01 / 2006	
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]	
City HARTFORD	State CT		Zip Code 06103
Purpose of Disbursement credit card from Ronald Ruben			011 Category/ Type
Candidate Name FRIENDS OF JOE LIEBERMAN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 00			

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.16706 Date of Disbursement 08 / 04 / 2006	
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		Amount of Each Disbursement this Period 300.00 [MEMO ITEM]	
City HARTFORD	State CT		Zip Code 06103
Purpose of Disbursement credit card from Reuben Gross			011 Category/ Type
Candidate Name FRIENDS OF JOE LIEBERMAN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 00			

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)

<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

Full Name (Last, First, Middle Initial) A. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.16708 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6	
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		Amount of Each Disbursement this Period 200.00 [MEMO ITEM]	
City HARTFORD	State CT		Zip Code 06103
Purpose of Disbursement check from Harry Kanner			011 Category/ Type
Candidate Name FRIENDS OF JOE LIEBERMAN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 00			

Full Name (Last, First, Middle Initial) B. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.16710 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 7 / 2 0 0 6	
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]	
City HARTFORD	State CT		Zip Code 06103
Purpose of Disbursement check from Nathan Lindenbaum			011 Category/ Type
Candidate Name FRIENDS OF JOE LIEBERMAN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 00			

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE LIEBERMAN		Transaction ID: SB23.16705 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 0 / 2 0 0 6	
Mailing Address PO BOX 231294 STATE HOUSE SQUARE		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]	
City HARTFORD	State CT		Zip Code 06103
Purpose of Disbursement credit card from Benjamin Lopata			011 Category/ Type
Candidate Name FRIENDS OF JOE LIEBERMAN			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CT District: 00			

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

Full Name (Last, First, Middle Initial) A. FRIENDS OF WEINER		Transaction ID: SB23.16689 Date of Disbursement
Mailing Address P.O. Box 290-346		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Brooklyn	State NY	Zip Code 11229
Purpose of Disbursement credit card from Karen Weinstein		<input type="text" value="011"/> Category/ Type
Candidate Name ANTHONY D WEINER		Amount of Each Disbursement this Period <input type="text" value="500.00"/> [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 09		

Full Name (Last, First, Middle Initial) B. FRIENDS OF WEINER		Transaction ID: SB23.16692 Date of Disbursement
Mailing Address P.O. Box 290-346		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Brooklyn	State NY	Zip Code 11229
Purpose of Disbursement check from Bernard Zweig		<input type="text" value="011"/> Category/ Type
Candidate Name ANTHONY D WEINER		Amount of Each Disbursement this Period <input type="text" value="100.00"/> [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 09		

Full Name (Last, First, Middle Initial) C. FRIENDS OF WEINER		Transaction ID: SB23.16693 Date of Disbursement
Mailing Address P.O. Box 290-346		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2006"/>
City Brooklyn	State NY	Zip Code 11229
Purpose of Disbursement check from Steven Sholk		<input type="text" value="011"/> Category/ Type
Candidate Name ANTHONY D WEINER		Amount of Each Disbursement this Period <input type="text" value="100.00"/> [MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 09		

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

**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"/> 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

Full Name (Last, First, Middle Initial) A. FRIENDS OF WEINER		Transaction ID: SB23.16691 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6
Mailing Address P.O. Box 290-346		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City Brooklyn State NY Zip Code 11229		
Purpose of Disbursement check from Gene Rosenberg Candidate Name ANTHONY D WEINER	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FRIENDS OF WEINER		Transaction ID: SB23.16803 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 290-346		Amount of Each Disbursement this Period 4050.00 [MEMO ITEM]
City Brooklyn State NY Zip Code 11229		
Purpose of Disbursement Candidate Name ANTHONY D WEINER	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PRYCE, DEBORAH D.		Transaction ID: SB23.16742 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 0 / 2 0 0 6
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City Columbus State OH Zip Code 43215		
Purpose of Disbursement check from Evan Sehgal Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4050.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. PRYCE, DEBORAH D.		Transaction ID: SB23.16743 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 100.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Harry Reidler Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. PRYCE, DEBORAH D.		Transaction ID: SB23.16744 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 500.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Daniel Lewis Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. PRYCE, DEBORAH D.		Transaction ID: SB23.16745 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 500.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Kevin Lemmer Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Full Name (Last, First, Middle Initial) A. PRYCE, DEBORAH D.		Transaction ID: SB23.16746 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 10.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Emanuel Landau Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. PRYCE, DEBORAH D.		Transaction ID: SB23.16747 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Robert Gottesman Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. PRYCE, DEBORAH D.		Transaction ID: SB23.16748 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Leon Kozak Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[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)

<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

Full Name (Last, First, Middle Initial) A. PRYCE, DEBORAH D.		Transaction ID: SB23.16749 Date of Disbursement 08 / 20 / 2006
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City Columbus State OH Zip Code 43215		
Purpose of Disbursement check from Anne Gontownik Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PRYCE, DEBORAH D.		Transaction ID: SB23.16750 Date of Disbursement 08 / 20 / 2006
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City Columbus State OH Zip Code 43215		
Purpose of Disbursement check from Kenneth Friedman Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PRYCE, DEBORAH D.		Transaction ID: SB23.16751 Date of Disbursement 08 / 20 / 2006
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City Columbus State OH Zip Code 43215		
Purpose of Disbursement check from Jonathan Fischer Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

Full Name (Last, First, Middle Initial) A. PRYCE, DEBORAH D.		Transaction ID: SB23.16752 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 200.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Alan Berger Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. PRYCE, DEBORAH D.		Transaction ID: SB23.16753 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 100.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Susan Berger Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. PRYCE, DEBORAH D.		Transaction ID: SB23.16754 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 200.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Ralph Abecassis Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[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

Full Name (Last, First, Middle Initial) A. PRYCE, DEBORAH D.		Transaction ID: SB23.16755 Date of Disbursement 08 / 20 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 36.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Malkie Aaron Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. PRYCE, DEBORAH D.		Transaction ID: SB23.16741 Date of Disbursement 08 / 21 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 500.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement credit card from Karen Weinstein Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. PRYCE, DEBORAH D.		Transaction ID: SB23.16739 Date of Disbursement 08 / 28 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 250.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Drew Parker Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[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)

<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

Full Name (Last, First, Middle Initial) A. PRYCE, DEBORAH D.		Transaction ID: SB23.16740 Date of Disbursement 08 / 28 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Jack Halpern Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. PRYCE, DEBORAH D.		Transaction ID: SB23.16804 Date of Disbursement 08 / 28 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 5000.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PRYCE, DEBORAH D.		Transaction ID: SB23.16736 Date of Disbursement 08 / 29 / 2006	
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 500.00	
City Columbus State OH Zip Code 43215	Purpose of Disbursement check from Kenneth Greif Candidate Name DEBORAH D. PRYCE	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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

Full Name (Last, First, Middle Initial) A. PRYCE, DEBORAH D.		Transaction ID: SB23.16737 Date of Disbursement 08 / 29 / 2006
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 750.00
City Columbus State OH Zip Code 43215	[MEMO ITEM]	
Purpose of Disbursement check from Seth Dombeck Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. PRYCE, DEBORAH D.		Transaction ID: SB23.16738 Date of Disbursement 08 / 29 / 2006
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 1000.00
City Columbus State OH Zip Code 43215	[MEMO ITEM]	
Purpose of Disbursement credit card from Ben Chouake Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. PRYCE, DEBORAH D.		Transaction ID: SB23.16822 Date of Disbursement 08 / 29 / 2006
Mailing Address 145 East Rich Street		Amount of Each Disbursement this Period 500.00
City Columbus State OH Zip Code 43215	[MEMO ITEM]	
Purpose of Disbursement check from Philip Refson Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

Full Name (Last, First, Middle Initial) A. STABENOW FOR US SENATE		Transaction ID: SB23.16798 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address PO BOX 4945		Amount of Each Disbursement this Period 5000.00
City EAST LANSING	State MI Zip Code 48826	
Purpose of Disbursement		011 Category/ Type
Candidate Name DEBBIE STABENOW		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MI District: 00		

SUBTOTAL of Disbursements This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	15464.00