

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

NORPAC

ADDRESS (number and street)

PO Box 5595

☐Check if different
than previously
reported. (ACC)

Englewood

NJ

07631

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00247403

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☒

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

01

31

2011

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

Type or Print Name of Treasurer

Karen Pichkhadze

Signature of Treasurer

Electronically Filed by Karen Pichkhadze

Date

01

16

2011

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

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

A. Form/Schedule : **F3XN**

Transaction ID :

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 28

Write or Type Committee Name
NORPAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2011	402475.38
(b) Cash on Hand at Beginning of Reporting Period	402475.38	
(c) Total Receipts (from Line 19)	34701.59	34701.59
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	437176.97	437176.97
7. Total Disbursements (from Line 31)	32265.46	32265.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	404911.51	404911.51
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

NORPAC

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	22600.00	22600.00
(ii) Unitemized	6736.00	6736.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29336.00	29336.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	29336.00	29336.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	365.59	365.59
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))	34701.59	34701.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34701.59	34701.59

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	32265.46	32265.46	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	32265.46	32265.46	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	32265.46	32265.46	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	32265.46	32265.46	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	29336.00	29336.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29336.00	29336.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	32265.46	32265.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	32265.46	32265.46

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

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

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Arlene Albalah

Mailing Address 36-18 Lindsay Road

City

State

Zip Code

Fair Lawn

NJ

07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fair Lawn Bd. of Education

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28658

Amount of Each Receipt this Period

125.00

mission registration fee

B.

Full Name (Last, First, Middle Initial)

Shlomo Bar-Ayal

Mailing Address 370 Central Park West

City

State

Zip Code

New York

NY

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
E-Tactics, Inc

Occupation
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28632

Amount of Each Receipt this Period

250.00

mission registration fee

C.

Full Name (Last, First, Middle Initial)

Laurie Baumel

Mailing Address 797 Winthrop Rd.

City

State

Zip Code

Teaneck

NJ

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.28647

Amount of Each Receipt this Period

375.00

mission registration fee

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 8 / 28

(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)

Michael Beer

Mailing Address 570 Longacre Ave

City

Woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28640

Amount of Each Receipt this Period

275.00

mission registration fee

B.

Full Name (Last, First, Middle Initial)

Arlene Duker

Mailing Address 189 Carlton Ter

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.28680

Amount of Each Receipt this Period

500.00

earmark-cardin

C.

Full Name (Last, First, Middle Initial)

Reuven Escott

Mailing Address 55 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Securities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.28677

Amount of Each Receipt this Period

500.00

earmark-cardin

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Susan Fishbein Druck

Mailing Address 481 Cape May St

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28650

Amount of Each Receipt this Period

275.00

mission registration fee

B.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.28673

Amount of Each Receipt this Period

1000.00

earmark-cardin

C.

Full Name (Last, First, Middle Initial)

Anne Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.28618

Amount of Each Receipt this Period

325.00

mission registration fee

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert Goodman

Mailing Address 473 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia UniversityOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: SA11AI.28686

Amount of Each Receipt this Period

2400.00

earmark-cardin

B.

Full Name (Last, First, Middle Initial)

Sarah Goodman

Mailing Address 473 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Social Worker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID: SA11AI.28687

Amount of Each Receipt this Period

2400.00

earmark-cardin

C.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28684

Amount of Each Receipt this Period

250.00

earmark-cardin

SUBTOTAL of Receipts This Page (optional)

5050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

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

Transaction ID: SA11AI.28665

Amount of Each Receipt this Period

1000.00

earmark-

B.

Full Name (Last, First, Middle Initial)

vitaly gutman

Mailing Address 4525 henry hudson pkwy #612

City

riverdale

State

NY

Zip Code

10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
nyc dot

Occupation
engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28629

Amount of Each Receipt this Period

250.00

mission registration fee

C.

Full Name (Last, First, Middle Initial)

esther hershenbaum

Mailing Address 245 hutchinson rd

City

englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.28675

Amount of Each Receipt this Period

2000.00

earmark-cardin

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Barry Honig

Mailing Address 151 Deerfield Drive

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Jersey Republicans

Occupation
executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28669

Amount of Each Receipt this Period

275.00

mission registration fee

B.

Full Name (Last, First, Middle Initial)

alan kadish

Mailing Address 44 hgihgat trrc

City

bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.28646

Amount of Each Receipt this Period

300.00

mission registration fee

C.

Full Name (Last, First, Middle Initial)

Richard Kahn

Mailing Address 405 Winthrop

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cole, Schotz

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.28682

Amount of Each Receipt this Period

1000.00

earmark-cardin

SUBTOTAL of Receipts This Page (optional)

1575.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Mordecai Katz

Mailing Address 300 E. Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.28681

Amount of Each Receipt this Period

1000.00

earmark-cardin

B.

Full Name (Last, First, Middle Initial)

Barry Levinson

Mailing Address 419 Becker Street

City

Highland Park

State

NJ

Zip Code

08904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aton Pharmacy

Occupation
VP Business Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28639

Amount of Each Receipt this Period

250.00

mission registration fee

C.

Full Name (Last, First, Middle Initial)

cindy lichtbroun

Mailing Address 15 redcoat dr

City

east brunswick

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

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

Transaction ID: SA11AI.28598

Amount of Each Receipt this Period

275.00

mission registration fee

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.28678

Amount of Each Receipt this Period

1000.00

earmark-cardin

B.

Full Name (Last, First, Middle Initial)

Joseph Mark

Mailing Address 166 Norma Road

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hambro America Inc.

Occupation

Investment Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.28655

Amount of Each Receipt this Period

1000.00

earmark-cardin

C.

Full Name (Last, First, Middle Initial)

richard mason

Mailing Address 921 hudson st

City

hoboken

State

NJ

Zip Code

07030

FEC ID number of contributing
federal political committee.

C

Name of Employer
watchell/lipton llp

Occupation

attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28688

Amount of Each Receipt this Period

250.00

earmark-cardin

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Rachel Quint

Mailing Address 4515 Greystone

City

Fieldstone

State

NY

Zip Code

10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.28652

Amount of Each Receipt this Period

350.00

mission registration fee

B.

Full Name (Last, First, Middle Initial)

Jeffrey Resnick

Mailing Address 518 Hazel Drive

City

Woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Resnick Druckman Group

Occupation

CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.28612

Amount of Each Receipt this Period

225.00

mission registration fee

C.

Full Name (Last, First, Middle Initial)

Ruth Roth

Mailing Address 597 Rutland Ave

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Freelance Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.28606

Amount of Each Receipt this Period

225.00

mission registration fee

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

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
CUNY

Occupation
Educator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28619

Amount of Each Receipt this Period

250.00

mission registration fee

B.

Full Name (Last, First, Middle Initial)

jacob Schacter

Mailing Address 1265 pennington rd

City State Zip Code
teaneck NJ 07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
YU

Occupation
professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28638

Amount of Each Receipt this Period

250.00

mission registration fee

C.

Full Name (Last, First, Middle Initial)

Ethel Scher

Mailing Address 3333 Henry Hudson Pkwy

City State Zip Code
Bronx NY 10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28648

Amount of Each Receipt this Period

250.00

mission registration fee

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

David Schlussek

Mailing Address 153 Fort Lee Road

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Key Properties

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.28691

Amount of Each Receipt this Period

1000.00

earmark-cardin

B.

Full Name (Last, First, Middle Initial)

Mitchell Schneider

Mailing Address 3530 henry hudson pkwy #8

City

riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation

retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28666

Amount of Each Receipt this Period

250.00

mission registration fee

C.

Full Name (Last, First, Middle Initial)

Michael Schulder

Mailing Address 155 W. 68th st. Apt 2015

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
NJ Med School

Occupation

Neurosurgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.28620

Amount of Each Receipt this Period

500.00

earmark-cardin

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Myron Schulman

Mailing Address 540 Warwick Ave.

City

Teaneck

State

NJ

Zip Code

07666

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 ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28683

Amount of Each Receipt this Period

250.00

earmark-cardin

B.

Full Name (Last, First, Middle Initial)

David Stein

Mailing Address 132 S Adelaide Ave.

City

Highland Park

State

NJ

Zip Code

08904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merrill Lynch

Occupation
IT Project Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28631

Amount of Each Receipt this Period

250.00

mission registration fee

C.

Full Name (Last, First, Middle Initial)

David Steinberg

Mailing Address 70-30 137 St.

City

Flushing

State

NY

Zip Code

11367

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Mortgage Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

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

Transaction ID: SA11AI.28642

Amount of Each Receipt this Period

775.00

mission registration fee

SUBTOTAL of Receipts This Page (optional)

1275.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Abe Steinberger

Mailing Address 590 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.28679

Amount of Each Receipt this Period

500.00

earmark-cardin

B.

Full Name (Last, First, Middle Initial)

Richard Weinberger

Mailing Address 40 Skylark Dr

City

Spring Valley

State

NY

Zip Code

10977

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.28697

Amount of Each Receipt this Period

250.00

mission registration fee

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

22600.00

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

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

FOR LINE NUMBER: PAGE 20 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

NORPAC

Mailing Address PO Box 5595

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C C00247403

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA16.28699

Amount of Each Receipt this Period

5000.00

refund from bennett elect-
ion committee

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 28

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

358.09

Date of Receipt

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

Transaction ID: SA17.28703

Amount of Each Receipt this Period

358.09

interest on cd

B.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.29

Date of Receipt

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

Transaction ID: SA17.28704

Amount of Each Receipt this Period

2.20

interest

SUBTOTAL of Receipts This Page (optional)

360.29

TOTAL This Period (last page this line number only)

360.29

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 22 / 28

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) 5 Towns Jewish Times	Transaction ID: SB21B.28715 Date of Disbursement																				
Mailing Address PO Box 690	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	1	1												
City Lawrence State NY Zip Code 11559	Amount of Each Disbursement this Period																				
Purpose of Disbursement advertisement mission Candidate Name	<table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																			
350.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) 5 Towns Jewish Times	Transaction ID: SB21B.28724 Date of Disbursement																				
Mailing Address PO Box 690	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City Lawrence State NY Zip Code 11559	Amount of Each Disbursement this Period																				
Purpose of Disbursement ads for mission Candidate Name	<table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																			
350.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE	Transaction ID: SB21B.28720 Date of Disbursement																				
Mailing Address P.O. BOX 21093	<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City CATONSVILLE State MD Zip Code 21228	Amount of Each Disbursement this Period																				
Purpose of Disbursement see memo text-earmarks Candidate Name	<table border="1"> <tr> <td colspan="10">16000.00</td> </tr> </table>	16000.00																			
16000.00																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

16700.00

TOTAL This Period (last page this line number only)

C. Form/Schedule : **SB21B**
Transaction ID : **SB21B.28720**

the following is a list of contributors: schulder \$500; schlussel \$1000; Appelbaum \$50; Mason \$250; Robert Goodman \$2400; Sarah Goodman \$2400; Rubin \$150; Gottesman \$250; Schulman \$250; Kahn \$1000; Katz \$1000; Duker \$500; Steinberger \$500; Lindenbaum \$1000; Escott \$500; Hershenbaum \$2000; Fridman \$1000; Glubo \$100; Weinberg \$150; Mark \$1000.

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 24 / 28

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement
PAC contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District: 03

Disbursement For: 2013
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.28722

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)
Long Island Jewish World

Mailing Address 1525 Central Ave

City Far Rockaway State NY Zip Code 11691

Purpose of Disbursement
ads for mission

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.28723

Date of Disbursement

01 / 28 / 2011

Amount of Each Disbursement this Period

600.00

C.

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

Mailing Address 901 Route 10

City Whippany State NJ Zip Code 07981

Purpose of Disbursement
advertisement-mission

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.28718

Date of Disbursement

01 / 24 / 2011

Amount of Each Disbursement this Period

1056.01

SUBTOTAL of Disbursements This Page (optional)

4656.01

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.28707 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	4		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	4		2	0	1	1												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement taxes	<table border="1"> <tr> <td>245.26</td> </tr> </table>	245.26																			
245.26																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.28708 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement invoice fee	<table border="1"> <tr> <td>101.22</td> </tr> </table>	101.22																			
101.22																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.28709 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	0		2	0	1	1												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement invoice fee	<table border="1"> <tr> <td>72.79</td> </tr> </table>	72.79																			
72.79																					
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)

419.27

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.28713 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 9 / 2 0 1 1</div> </div>
City State Zip Code Piscataway NJ 08854 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>409.49</div>
B. Full Name (Last, First, Middle Initial) Karen Pichkhadze Mailing Address 1038 Kingsland Lane City State Zip Code Fort Lee NJ 07024 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.28710 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 1 8 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>867.36</div>
C. Full Name (Last, First, Middle Initial) elan shpigel Mailing Address n/a City State Zip Code closter NJ 00000 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.28706 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 0 4 / 2 0 1 1</div> </div> Amount of Each Disbursement this Period <div>1008.24</div>

SUBTOTAL of Disbursements This Page (optional)

2285.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) elan shpigel Mailing Address n/a	Transaction ID: SB21B.28711 Date of Disbursement <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>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	1	1	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	8		2	0	1	1													
City closter State NJ Zip Code 00000 Purpose of Disbursement payroll Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>646.56</td> </tr> </table>	646.56																				
646.56																						
B. Full Name (Last, First, Middle Initial) susquehanna bank Mailing Address 26 N. Cedar St City Lilitz State PA Zip Code 17543 Purpose of Disbursement auto expense-k.pichkhadze Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.28716 Date of Disbursement <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>1</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>300.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	4		2	0	1	1	300.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	4		2	0	1	1													
300.00																						
C. Full Name (Last, First, Middle Initial) Valley National Bank Mailing Address 1445 Valley Rd City Wayne State NJ Zip Code 07470 Purpose of Disbursement debit adjustment batch 611 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.28714 Date of Disbursement <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>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>100.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	9		2	0	1	1	100.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	9		2	0	1	1													
100.00																						

SUBTOTAL of Disbursements This Page (optional)

1046.56

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Valley National Bank	Transaction ID: SB21B.28705 Date of Disbursement																				
Mailing Address 1445 Valley Rd	<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>1</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		3	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		3	1		2	0	1	1												
City Wayne State NJ Zip Code 07470	Amount of Each Disbursement this Period																				
Purpose of Disbursement service fee for processing credit cards Candidate Name	<table border="1"> <tr> <td colspan="10">444.24</td> </tr> </table>	444.24																			
444.24																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Verizon wireless	Transaction ID: SB21B.28725 Date of Disbursement																				
Mailing Address PO Box 17120	<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>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	8		2	0	1	1												
City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period																				
Purpose of Disbursement cell phone Candidate Name	<table border="1"> <tr> <td colspan="10">239.79</td> </tr> </table>	239.79																			
239.79																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Washington Convention Center	Transaction ID: SB21B.28719 Date of Disbursement																				
Mailing Address 801 Mount Vernon PI NW	<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>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	1	1												
City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period																				
Purpose of Disbursement 1st deposit for convention center-mission Candidate Name	<table border="1"> <tr> <td colspan="10">6150.00</td> </tr> </table>	6150.00																			
6150.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6834.03

TOTAL This Period (last page this line number only)

31940.96