



A. Form/Schedule : **F3XA**

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**

Write or Type Committee Name  
NORPAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		455323.41
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	489995.83									
(c) Total Receipts (from Line 19) .....	86422.86	142834.29								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	576418.69	598157.70								
7. Total Disbursements (from Line 31) .....	53617.22	75356.23								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	522801.47	522801.47								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
NORPAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	54114.10	98967.60
(ii) Unitemized .....	32047.00	40766.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	86161.10	139733.60
(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) .....	86161.10	139733.60
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) .....	6.15	455.93
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	255.61	2644.76
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	86422.86	142834.29
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	86422.86	142834.29

## DETAILED SUMMARY PAGE

of Disbursements

5 / 72

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.....	12.30	12.30
(b) Other Federal Operating Expenditures.....	13624.92	32363.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13637.22	32376.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37980.00	38980.00
24. Independent Expenditure (use Schedule E) .....	0.00	2000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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.....	2000.00	2000.00
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))..	53617.22	75356.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53604.92	75343.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 72

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) .....	86161.10	139733.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	86161.10	139733.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13624.92	32363.93
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	6.15	455.93
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13618.77	31908.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Arthur Aaron	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 1673 Hanover Ct.	<b>Transaction ID:</b> SA11AI.24382
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	conduit-specter
	Name of Employer n/a Occupation n/a Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ [MEMO ITEM]

<b>B.</b>	Full Name (Last, First, Middle Initial) Jack Albalah	Date of Receipt MM / DD / YYYY 03 / 08 / 2009
	Mailing Address 36-18 Lindsay Rd.	<b>Transaction ID:</b> SA11AI.24064
	City State Zip Code Fair Lawn NJ 07410	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission
	Name of Employer retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Jack Albalah	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 36-18 Lindsay Rd.	<b>Transaction ID:</b> SA11AI.24462
	City State Zip Code Fair Lawn NJ 07410	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	earmark-rothman
	Name of Employer retired Occupation Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> 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 / 72  
(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)  
debbie alter

Mailing Address 41 brookfall rd

City State Zip Code  
edison NJ 08817

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
jfv's of middlesex immigration advocate

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 16 / 2009  
**Transaction ID:** SA11AI.24327  
 Amount of Each Receipt this Period 250.00  
 mission

**B.** Full Name (Last, First, Middle Initial)  
Henry Anhalt

Mailing Address 293 E. Linden Ave.

City State Zip Code  
Englewood NJ 07631

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St Barnabas Med Ctr Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 425.00

Date of Receipt MM / DD / YYYY  
03 / 15 / 2009  
**Transaction ID:** SA11AI.24254  
 Amount of Each Receipt this Period 425.00  
 mission

**C.** Full Name (Last, First, Middle Initial)  
Susan Antsis

Mailing Address 32 Brookfall Road

City State Zip Code  
Edison NJ 08817

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
n/a Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 275.00

Date of Receipt MM / DD / YYYY  
03 / 09 / 2009  
**Transaction ID:** SA11AI.24092  
 Amount of Each Receipt this Period 275.00  
 mission

**SUBTOTAL** of Receipts This Page (optional) ..... 950.00

**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 / 72

(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)  
Myron Bari

Mailing Address 251 Sunset Ave

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
IPM Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 08 / 2009

Transaction ID: SA11AI.24456

Amount of Each Receipt this Period

250.00

earmark-specter

**B.**

Full Name (Last, First, Middle Initial)  
Howard Baruch

Mailing Address 130 Dwight Pl.

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 08 / 2009

Transaction ID: SA11AI.24453

Amount of Each Receipt this Period

500.00

earmark-specter

**C.**

Full Name (Last, First, Middle Initial)  
Howard Baruch

Mailing Address 130 Dwight Pl.

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 12 / 2009

Transaction ID: SA11AI.24227

Amount of Each Receipt this Period

125.00

mission

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

875.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) sal barzilay	Date of Receipt MM / DD / YYYY 03 / 07 / 2009
	Mailing Address 987 phelps rd	<b>Transaction ID:</b> SA11AI.24381
	City State Zip Code teaneck NJ 07666	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	conduit-specter
	Name of Employer n/a Occupation n/a Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ [MEMO ITEM]

<b>B.</b>	Full Name (Last, First, Middle Initial) Alan Berger	Date of Receipt MM / DD / YYYY 03 / 09 / 2009
	Mailing Address 24 Sutton Pl.	<b>Transaction ID:</b> SA11AI.24665
	City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Marc Berger	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 210 W. 89th St.	<b>Transaction ID:</b> SA11AI.24157
	City State Zip Code New York NY 10024	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission
	Name of Employer self Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	450.00
<b>TOTAL</b> 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: (check only one)	PAGE 11 / 72
	<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)  
Yehuda Blinder

Mailing Address 95 Dwight Pl

City Englewood State NJ Zip Code 07631

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

Name of Employer ADAR Investment Mgmt Occupation Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 16 / 2009

**Transaction ID:** SA11AI.24443

Amount of Each Receipt this Period 500.00

earmark-specter

**B.**

Full Name (Last, First, Middle Initial)  
Annette Blum

Mailing Address 640 W. 231st

City bronx State NY Zip Code 10463

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

Name of Employer nycde Occupation educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 10 / 2009

**Transaction ID:** SA11AI.24162

Amount of Each Receipt this Period 250.00

mission

**C.**

Full Name (Last, First, Middle Initial)  
David Blumenthal

Mailing Address 452 Churchill Rd.

City Teaneck State NJ Zip Code 07666

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

Name of Employer n/a Occupation n/a

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 15 / 2009

**Transaction ID:** SA11AI.24259

Amount of Each Receipt this Period 275.00

mission

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1025.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Borell		Date of Receipt
	Mailing Address 117 Washington Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Highland Park	NJ	08904
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.24242
Name of Employer Meridian Health		Occupation Health Care Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 325.00
			mission

<b>B.</b>	Full Name (Last, First, Middle Initial) Barbara Bortniker		Date of Receipt
	Mailing Address 4 Kinzel Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	West Orange	NJ	07052
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.24010
Name of Employer Self		Occupation Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			mission

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Braun		Date of Receipt
	Mailing Address 105 Lakeshore Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Rockaway	NJ	07866
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.24004
Name of Employer Picatinny Arsenal		Occupation Engineer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00
			Mission

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 72  
(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)  
Ivan Bresgi

Mailing Address 400 Warwick Ave

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer NY Presbyterian Occupation Psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	9

**Transaction ID:** SA11AI.24475

Amount of Each Receipt this Period  
500.00

earmark-rothman

**B.**

Full Name (Last, First, Middle Initial)  
Ben Chouake

Mailing Address 245 Hutchinson Rd.

City State Zip Code  
Englewood NJ 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	3	/	1	1	/	2	0	0	9

**Transaction ID:** SA11AI.24436

Amount of Each Receipt this Period  
2000.00

earmark-mandel

**C.**

Full Name (Last, First, Middle Initial)  
Ben Chouake

Mailing Address 245 Hutchinson Rd.

City State Zip Code  
Englewood NJ 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 ▼  
4000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	9

**Transaction ID:** SA11AI.24437

Amount of Each Receipt this Period  
2000.00

earmark-specter

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

**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 / 72  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NORPAC

**A.** Full Name (Last, First, Middle Initial)  
Ben Chouake  
 Mailing Address 245 Hutchinson Rd.  
 City Englewood State NJ Zip Code 07631  
 Date of Receipt 03 / 31 / 2009  
**Transaction ID:** SA11AI.24672  
 Amount of Each Receipt this Period 50.00  
 In-kind - rent & utilities  
 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 4050.00

**B.** Full Name (Last, First, Middle Initial)  
Esther Chouake  
 Mailing Address 245 Hutchinson Rd.  
 City Englewood State NJ Zip Code 07631  
 Date of Receipt 03 / 23 / 2009  
**Transaction ID:** SA11AI.24500  
 Amount of Each Receipt this Period 1000.00  
 earmark-rothman  
 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 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Leonard David  
 Mailing Address 264 Churchill Rd  
 City Teaneck State NJ Zip Code 07666  
 Date of Receipt 03 / 17 / 2009  
**Transaction ID:** SA11AI.24479  
 Amount of Each Receipt this Period 250.00  
 earmark-rothman  
 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 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00  
**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: (check only one)	PAGE 15 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence Diener		Date of Receipt
	Mailing Address 293 E. Palisade Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.24553
Name of Employer Self		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1125.00	membership

<b>B.</b>	Full Name (Last, First, Middle Initial) Shoshana Diskind		Date of Receipt
	Mailing Address 5 Opatut Court		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Edison	NJ	08817
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.24267
Name of Employer Health and Sanitation System		Occupation Administrative Assistant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	mission

<b>C.</b>	Full Name (Last, First, Middle Initial) Arline Duker		Date of Receipt
	Mailing Address 189 Carlton Ter		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Teaneck	NJ	07666
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.24481
Name of Employer Self		Occupation Social Worker	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 500.00	earmark-rothman

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 72  
(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)  
Reuven Escott

Mailing Address 55 Regent St.

City Bergenfield State NJ Zip Code 07621

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

Name of Employer Self Occupation Securities Trader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 03 / 09 / 2009

Transaction ID: SA11AI.24444

Amount of Each Receipt this Period 500.00

earmark-specter

**B.**

Full Name (Last, First, Middle Initial)  
Harry Feder

Mailing Address 376 W 245th St

City Bronx State NY Zip Code 10471

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

Name of Employer IPNO Occupation Health Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 15 / 2009

Transaction ID: SA11AI.24274

Amount of Each Receipt this Period 225.00

mission

**C.**

Full Name (Last, First, Middle Initial)  
Victoria Feder

Mailing Address 105 Hudson St

City New York State NY Zip Code 10013

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 ▼ 1000.00

Date of Receipt 03 / 24 / 2009

Transaction ID: SA11AI.24532

Amount of Each Receipt this Period 1000.00

earmark-steve rothman

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1725.00

**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: (check only one)	PAGE 17 / 72
	<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) Hershel Feldman		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 250 Hutchinson Rd.		Transaction ID: SA11AI.24275
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Macabee Trading	Occupation Sales	mission
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 505.00	

**B.**

Full Name (Last, First, Middle Initial) Mollie Fisch		Date of Receipt MM / DD / YYYY 03 / 15 / 2009
Mailing Address 300 Merrison Street		Transaction ID: SA11AI.24277
City Teaneck	State NJ	Zip Code 07666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Schering Plough Pharmaceu- ticals	Occupation Pharmacist	mission
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) David Fishel		Date of Receipt MM / DD / YYYY 03 / 08 / 2009
Mailing Address 348 Jones Rd.		Transaction ID: SA11AI.24452
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 Self	Occupation Financier	earmark-specter
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> 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: (check only one)	PAGE 18 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Esther Fridman	Date of Receipt MM / DD / YYYY 03 / 15 / 2009
	Mailing Address 826 Winthrop Rd	<b>Transaction ID:</b> SA11AI.24601
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	mission
	Name of Employer none Occupation housewife Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mort Fridman	Date of Receipt MM / DD / YYYY 03 / 15 / 2009
	Mailing Address 826 Winthrop Rd	<b>Transaction ID:</b> SA11AI.24438
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	earmark-specter
	Name of Employer Self Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 625.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mort Fridman	Date of Receipt MM / DD / YYYY 03 / 23 / 2009
	Mailing Address 826 Winthrop Rd	<b>Transaction ID:</b> SA11AI.24496
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 1450.00
	FEC ID number of contributing federal political committee. C	earmark-rothman
	Name of Employer Self Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2075.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2225.00
<b>TOTAL</b> 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: (check only one)	PAGE 19 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Allen Friedman		Date of Receipt
	Mailing Address 315 Johnson Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 08 / 2009
	City	State	Zip Code
	Teaneck	NJ	07666
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.24067
Name of Employer J.P. Morgan Chase		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00
			mission

<b>B.</b>	Full Name (Last, First, Middle Initial) Allen Friedman		Date of Receipt
	Mailing Address 315 Johnson Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 17 / 2009
	City	State	Zip Code
	Teaneck	NJ	07666
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.24493
Name of Employer J.P. Morgan Chase		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1400.00
			earmark-rothman

<b>C.</b>	Full Name (Last, First, Middle Initial) Allen Friedman		Date of Receipt
	Mailing Address 315 Johnson Avenue		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 20 / 2009
	City	State	Zip Code
	Teaneck	NJ	07666
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.24369
Name of Employer J.P. Morgan Chase		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
			mission

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1525.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen Futter	Date of Receipt MM / DD / YYYY 03 / 10 / 2009
	Mailing Address 720 Downing St.	Transaction ID: SA11AI.24172
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission
	Name of Employer n/a Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Karen Futter	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 720 Downing St.	Transaction ID: SA11AI.24491
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	earmark-rothman
	Name of Employer n/a Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Leon Glaser	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 15 Barlow Rd	Transaction ID: SA11AI.24042
	City State Zip Code Edison NJ 08817	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission
	Name of Employer AT & T Occupation Sales Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>775.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 72  
(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)  
Peter Glick  
 Mailing Address 266 Winthrop Rd  
 City State Zip Code  
Teaneck NJ 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
NYC Criminal Court Attorney  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 100.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 17 / 2009  
**Transaction ID:** SA11AI.24488  
 Amount of Each Receipt this Period  
 100.00  
 earmark-rothman

**B.** Full Name (Last, First, Middle Initial)  
Jerry Gontownik  
 Mailing Address 250 Mountain Rd.  
 City State Zip Code  
Englewood NJ 07631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Stone Post Realty Real Estate  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1125.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 08 / 2009  
**Transaction ID:** SA11AI.24461  
 Amount of Each Receipt this Period  
 1000.00  
 earmark-specter

**C.** Full Name (Last, First, Middle Initial)  
Jerry Gontownik  
 Mailing Address 250 Mountain Rd.  
 City State Zip Code  
Englewood NJ 07631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Stone Post Realty Real Estate  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2125.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 17 / 2009  
**Transaction ID:** SA11AI.24459  
 Amount of Each Receipt this Period  
 1000.00  
 earmark-rothman

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2100.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 72

(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

**A.**

Full Name (Last, First, Middle Initial)  
Robert Goodman

Mailing Address 473 Winthrop Rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Columbia University Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2425.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: SA11AI.24509

Amount of Each Receipt this Period

500.00

earmark-Arlen Specter

**B.**

Full Name (Last, First, Middle Initial)  
Robert Goodman

Mailing Address 473 Winthrop Rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Columbia University Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3877.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: SA11AI.24510

Amount of Each Receipt this Period

1452.00

earmark-steve rothman

**C.**

Full Name (Last, First, Middle Initial)  
Robert Goodman

Mailing Address 473 Winthrop Rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Columbia University Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4877.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 23 / 2009

Transaction ID: SA11AI.24511

Amount of Each Receipt this Period

1000.00

earmark-coleman recount fund

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

2952.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input 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)  
Irene Gottesman

Mailing Address 285 Sunset Ave

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 02 / 2009

Transaction ID: SA11AI.24011

Amount of Each Receipt this Period 325.00

mission

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

Mailing Address 285 Sunset Avenue

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 08 / 2009

Transaction ID: SA11AI.24454

Amount of Each Receipt this Period 250.00

earmark-specter

**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 Self Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 17 / 2009

Transaction ID: SA11AI.24471

Amount of Each Receipt this Period 150.00

earmark-rothman

**SUBTOTAL** of Receipts This Page (optional) ..... ► 725.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 72
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NORPAC

**A.** Full Name (Last, First, Middle Initial)  
David Greenblatt

Mailing Address 130 Beech Rd.

City Englewood State NJ Zip Code 07631

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

Name of Employer Valley Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 03 / 12 / 2009

Transaction ID: SA11AI.24229

Amount of Each Receipt this Period 1200.00

mission/memb

**B.** 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 ▼ 250.00

Date of Receipt 03 / 17 / 2009

Transaction ID: SA11AI.24470

Amount of Each Receipt this Period 250.00

earmark-rothman

**C.** Full Name (Last, First, Middle Initial)  
Lieba Halpern

Mailing Address 160 W. 66 St.

City New York State NY Zip Code 10023

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

Name of Employer none Occupation homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2125.00

Date of Receipt 03 / 11 / 2009

Transaction ID: SA11AI.24445

Amount of Each Receipt this Period 2000.00

earmark-specter

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3450.00

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

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

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

FOR LINE NUMBER: PAGE 25 / 72  
(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)  
Marc Hanfling

Mailing Address 47 Leslie St.

City Edison State NJ Zip Code 08817

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

Name of Employer self Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 03 / 08 / 2009

Transaction ID: SA11AI.24069

Amount of Each Receipt this Period 75.00

mission

**B.** Full Name (Last, First, Middle Initial)  
Natalie Harris

Mailing Address 2055 Center ave apt 5j

City fort lee State NJ Zip Code 07024

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

Name of Employer na Occupation n/a

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 03 / 17 / 2009

Transaction ID: SA11AI.24483

Amount of Each Receipt this Period 25.00

earmark-rothman

**C.** Full Name (Last, First, Middle Initial)  
Beth Hindin

Mailing Address 79 Crystal Avenue

City West Orange State NJ Zip Code 07052

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

Name of Employer Self Occupation Registered Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 02 / 2009

Transaction ID: SA11AI.24012

Amount of Each Receipt this Period 350.00

mission

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
NORPAC

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Hoffman

Mailing Address 637 N. Forest Dr.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Lehman Brothers Stock Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** SA11AI.24476

Amount of Each Receipt this Period  
500.00

earmark-rothman

**B.** Full Name (Last, First, Middle Initial)  
Sheryl Intrator

Mailing Address 330 Broad Ave

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
Foundation Title Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

**Transaction ID:** SA11AI.24212

Amount of Each Receipt this Period  
275.00

mission

**C.** Full Name (Last, First, Middle Initial)  
Ephraim Isaac

Mailing Address 704 Rosedale Road

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Inst. of Scientific Studies Academic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** SA11AI.24486

Amount of Each Receipt this Period  
100.00

earmark-rothman

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 72  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
NORPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael Kaplan</p> <p>Mailing Address 6 Opatut Ct.</p> <p>City Edison State NJ Zip Code 08817</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer S&amp;P Occupation Analyst</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 10 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.24179</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>mission</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>B.</b> Full Name (Last, First, Middle Initial) Michael Katz</p> <p>Mailing Address 45 Thames Blvd</p> <p>City Bergenfield State NJ Zip Code 07621</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 17 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.24489</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>earmark-rothman</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><b>C.</b> Full Name (Last, First, Middle Initial) Seymour Kessel</p> <p>Mailing Address 27 Marshall Drive</p> <p>City Edison State NJ Zip Code 08817</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Credit Suisse Occupation Accountant</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 08 / 2009</span></p> <p><b>Transaction ID:</b> SA11AI.24072</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>mission</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 28 / 72  
(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)  
Richard Kollmar  
Mailing Address 32 Brookfall Road  
City Edison State NJ Zip Code 08817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CNA Occupation Actuary  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00  
Date of Receipt 03 / 09 / 2009  
Transaction ID: SA11AI.24119  
Amount of Each Receipt this Period 275.00  
mission

**B.** Full Name (Last, First, Middle Initial)  
Leon Kozak  
Mailing Address 280 Jones Rd.  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 7300.00  
Date of Receipt 03 / 16 / 2009  
Transaction ID: SA11AI.24448  
Amount of Each Receipt this Period 2300.00  
earmark-specter (Lean and Rosalyn Kozak)

**C.** Full Name (Last, First, Middle Initial)  
Rosalyn Kozak  
Mailing Address 280 Jones Rd.  
City Englewood State NJ Zip Code 07632  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Englewood Hospital Occupation MD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5200.00  
Date of Receipt 03 / 10 / 2009  
Transaction ID: SA11AI.24537  
Amount of Each Receipt this Period 200.00  
earmark-specter

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2775.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 72
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input 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

<b>A.</b>	Full Name (Last, First, Middle Initial) james Lavin		Date of Receipt
	Mailing Address 483 Winthrop Rd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 17 / 2009
	City	State	Zip Code
	Teaneck	NJ	07666
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer lavin Holdings LLC		Occupation Consultant	Transaction ID: SA11AI.24474
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	earmark-rothman

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert Lebovics		Date of Receipt
	Mailing Address 156 Dwight Pl.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 25 / 2009
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Physician	Transaction ID: SA11AI.24517
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 250.00
		<input type="text"/>	conduit-Arlen Specter
			<b>[MEMO ITEM]</b>

<b>C.</b>	Full Name (Last, First, Middle Initial) Robert Lebovics		Date of Receipt
	Mailing Address 156 Dwight Pl.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 25 / 2009
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Self		Occupation Physician	Transaction ID: SA11AI.24544
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 250.00
		<input type="text"/>	conduit-jim bunning
			<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Larry Lehman	Date of Receipt MM / DD / YYYY 03 / 04 / 2009
	Mailing Address 336 Edward Ave	<b>Transaction ID:</b> SA11AI.24034
	City State Zip Code Woodmere NY 11598	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	mission
	Name of Employer Self Occupation Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Lemmer	Date of Receipt MM / DD / YYYY 03 / 13 / 2009
	Mailing Address 140 Downey Dr.	<b>Transaction ID:</b> SA11AI.24539
	City State Zip Code Tenafly NJ 07670	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	earmark-specter
	Name of Employer ADAR Investment Management Occupation Portfolio Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 625.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Esther Lerer	Date of Receipt MM / DD / YYYY 03 / 18 / 2009
	Mailing Address 270 Mountain Rd	<b>Transaction ID:</b> SA11AI.24362
	City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	mission
	Name of Employer self Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1100.00
<b>TOTAL</b> 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 31 / 72  
(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)  
Rhonda Lillianthal

Mailing Address 5 McCune Ct

City State Zip Code  
West Orange NJ 07052

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

Name of Employer Occupation  
Metrowest UJC Educator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
03 / 10 / 2009

**Transaction ID:** SA11AI.24188

Amount of Each Receipt this Period  
275.00

mission

**B.** Full Name (Last, First, Middle Initial)  
Shari Lindenbaum

Mailing Address 464 Winthrop Rd

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
n/a Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** SA11AI.24338

Amount of Each Receipt this Period  
400.00

mission

**C.** Full Name (Last, First, Middle Initial)  
Clive Lipshitz

Mailing Address 616 Ogden Ave.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Credit Suisse First Boston Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** SA11AI.24487

Amount of Each Receipt this Period  
180.00

earmark-rothman

**SUBTOTAL** of Receipts This Page (optional) ..... ► **855.00**

**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 32 / 72  
(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)  
Marvin Lipsky

Mailing Address 28 Lakeview Dr

City State Zip Code  
West Orange NJ 07052

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

Name of Employer: Associates Digestive Diseases  
Occupation: MD

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt: 03 / 17 / 2009  
**Transaction ID:** SA11AI.24494  
 Amount of Each Receipt this Period: 500.00  
 earmark-rothman

**B.** Full Name (Last, First, Middle Initial)  
Marvin Lipsky

Mailing Address 28 Lakeview Dr

City State Zip Code  
West Orange NJ 07052

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

Name of Employer: Associates Digestive Diseases  
Occupation: MD

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt: 03 / 20 / 2009  
**Transaction ID:** SA11AI.24375  
 Amount of Each Receipt this Period: 75.00  
 mission

**C.** Full Name (Last, First, Middle Initial)  
Fred Lisker

Mailing Address 536 Windsor Road

City State Zip Code  
Bergenfield NJ 07621

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

Name of Employer: NYC Department of Education  
Occupation: Education Administrator

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt: 03 / 08 / 2009  
**Transaction ID:** SA11AI.24076  
 Amount of Each Receipt this Period: 225.00  
 mission

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 72
	<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)  
Julie Lobel

Mailing Address 53 Walnut Court

City Englewood State NJ Zip Code 07631

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

Name of Employer n/a Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 03 / 03 / 2009

Transaction ID: SA11AI.24020

Amount of Each Receipt this Period 425.00

mission

**B.** Full Name (Last, First, Middle Initial)  
Shalom Maidenbaum

Mailing Address 50 Bayberry Road

City Lawrence State NY Zip Code 11559

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

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 03 / 15 / 2009

Transaction ID: SA11AI.24298

Amount of Each Receipt this Period 475.00

mission

**C.** 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 ▼ 275.00

Date of Receipt 03 / 15 / 2009

Transaction ID: SA11AI.24302

Amount of Each Receipt this Period 275.00

mission

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1175.00

**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 34 / 72

(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)  
Paula Markowitz

Mailing Address 971 Phelps Road

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Net60.com Part-time sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 18.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 17 / 2009

Transaction ID: SA11AI.24480

Amount of Each Receipt this Period

18.00

earmark-rothman

**B.**

Full Name (Last, First, Middle Initial)  
Matthew Maryles

Mailing Address 981 E 18th St

City State Zip Code  
Brooklyn NY 11230

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

Name of Employer Occupation  
Wolf Maryles & Assoc. Attorney

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

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: SA11AI.24519

Amount of Each Receipt this Period

100.00

conduit-coleman recount fund

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Jerome Menkin

Mailing Address 232 Hutchinson Rd.

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
self merchant

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 08 / 2009

Transaction ID: SA11AI.24455

Amount of Each Receipt this Period

100.00

earmark-specter

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

118.00

**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 35 / 72  
(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)  
Jerome Milch

Mailing Address 629 Thames Boulevard

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
American Express Market Research Consultan

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** SA11AI.24495

Amount of Each Receipt this Period  
1000.00

earmark-rothman

**B.** Full Name (Last, First, Middle Initial)  
julian millstein

Mailing Address 1124 westervelt ave

City State Zip Code  
tenafly NJ 07670

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

Name of Employer Occupation  
n/a n/a

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** SA11AI.24477

Amount of Each Receipt this Period  
200.00

earmark-rothman

**C.** Full Name (Last, First, Middle Initial)  
Mr. Jason Muss

Mailing Address 181 E. 90th St.  
Apt. 18C

City State Zip Code  
New York NY 10128

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

Name of Employer Occupation  
Muss Developement Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt  
MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** SA11AI.24450

Amount of Each Receipt this Period  
1000.00

conduit-specter

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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: (check only one)	PAGE 36 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Joshua Muss	Date of Receipt MM / DD / YYYY 03 / 17 / 2009
	Mailing Address 11 Rutherford Lane	<b>Transaction ID:</b> SA11AI.24451
	City State Zip Code Lawrence NY 11559	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	earmark-rothman
Name of Employer Self Occupation Real Estate	Aggregate Year-to-Date 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Yitzhak Pastreich	Date of Receipt MM / DD / YYYY 03 / 19 / 2009
	Mailing Address 547 West 27th Street Room 613	<b>Transaction ID:</b> SA11AI.24363
	City State Zip Code New York NY 10001	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission
Name of Employer Self Occupation Real Estate developer	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Debra Pine	Date of Receipt MM / DD / YYYY 03 / 14 / 2009
	Mailing Address 1279 Somerset Road	<b>Transaction ID:</b> SA11AI.24252
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission
Name of Employer Lehman Brothers Occupation Banking Technology	Aggregate Year-to-Date 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1525.00
<b>TOTAL</b> 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 37 / 72

(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

**A.**

Full Name (Last, First, Middle Initial)  
David Plotzker

Mailing Address 1273 Dickerson rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Medco Health Solutions, Inc. I.T. Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 05 / 2009

Transaction ID: SA11AI.24046

Amount of Each Receipt this Period

275.00

mission

**B.**

Full Name (Last, First, Middle Initial)  
David Rauch

Mailing Address 472 Winthrop Rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
US Wire President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 24 / 2009

Transaction ID: SA11AI.24504

Amount of Each Receipt this Period

300.00

mission

**C.**

Full Name (Last, First, Middle Initial)  
stevan reich

Mailing Address 4 musket ct

City State Zip Code  
e. brunswick NJ 08816

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

Name of Employer Occupation  
affiliated orthopedics md

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2009

Transaction ID: SA11AI.24312

Amount of Each Receipt this Period

200.00

mission

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

775.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 72  
(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)  
Bruce Ritholtz

Mailing Address 145 West 67th Street

City State Zip Code  
New York NY 10023

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Oil Trader

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
03 / 13 / 2009

**Transaction ID:** SA11AI.24246

Amount of Each Receipt this Period 125.00

mission

**B.** Full Name (Last, First, Middle Initial)  
Stuart Rosenberg

Mailing Address 355 Winthrop Rd

City State Zip Code  
Teaneck NJ 07666

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Montefiore Medical Center MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt MM / DD / YYYY  
03 / 16 / 2009

**Transaction ID:** SA11AI.24341

Amount of Each Receipt this Period 275.00

mission

**C.** Full Name (Last, First, Middle Initial)  
Rivki Rosenwald

Mailing Address 6 Forest Lane

City State Zip Code  
Lawrence NY 11559

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
self Writer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY  
03 / 15 / 2009

**Transaction ID:** SA11AI.24314

Amount of Each Receipt this Period 350.00

mission

**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: (check only one)	PAGE 39 / 72
	<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)  
Phyllis Roth

Mailing Address 33 Carteret St.

City State Zip Code  
West Orange NJ 07052

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

Name of Employer Family Eye Care Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
03 / 09 / 2009

Transaction ID: SA11AI.24134

Amount of Each Receipt this Period  
325.00

mission

**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  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: SA11AI.24217

Amount of Each Receipt this Period  
250.00

mission

**C.** Full Name (Last, First, Middle Initial)  
rose scharlat

Mailing Address 18 lakeview dr

City State Zip Code  
west orange NJ 07052

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

Name of Employer self Occupation sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 11 / 2009

Transaction ID: SA11AI.24219

Amount of Each Receipt this Period  
250.00

mission

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **825.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 72  
(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)  
Stanley Scher

Mailing Address 3333 Henry Hudson Pkwy  
Apt 20 J

City State Zip Code  
Bronx NY 10463

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

Name of Employer none Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 24 / 2009

**Transaction ID:** SA11AI.24513

Amount of Each Receipt this Period 25.00

earmark-coleman recount fund

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

Mailing Address 153 Fort Lee Road

City State Zip Code  
Teaneck NJ 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 ▼ 700.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 23 / 2009

**Transaction ID:** SA11AI.24657

Amount of Each Receipt this Period 500.00

earmark-steve rothman

**C.** Full Name (Last, First, Middle Initial)  
Richard Schlusel

Mailing Address 100 Lydecker St.

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Columbia U Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt M M / D D / Y Y Y Y Y  
03 / 09 / 2009

**Transaction ID:** SA11AI.24141

Amount of Each Receipt this Period 275.00

mission

**SUBTOTAL** of Receipts This Page (optional) ..... ► 800.00

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

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

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

FOR LINE NUMBER: PAGE 41 / 72  
(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)  
Richard Schlussek  
Mailing Address 100 Lydecker St.  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Columbia U Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00  
Date of Receipt 03 / 15 / 2009  
Transaction ID: SA11AI.24468  
Amount of Each Receipt this Period 100.00  
earmark-rothman

**B.** Full Name (Last, First, Middle Initial)  
Laurence Schreiber  
Mailing Address 755 Cottage Pl  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Care Capital Group Occupation Investment Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 03 / 17 / 2009  
Transaction ID: SA11AI.24469  
Amount of Each Receipt this Period 1000.00  
earmark-rothman

**C.** Full Name (Last, First, Middle Initial)  
Allan Schwartz  
Mailing Address 590 Maitland Ave  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer AMP Networks Occupation VP Sales & Business Dev.  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 03 / 02 / 2009  
Transaction ID: SA11AI.24015  
Amount of Each Receipt this Period 225.00  
mission

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1325.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 72  
(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)  
Larry Shafier

Mailing Address 100 Cherry Lane

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer The Prudential Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	8	/	2	0	0	9

Transaction ID: SA11AI.24082

Amount of Each Receipt this Period  
275.00

mission

**B.**

Full Name (Last, First, Middle Initial)  
Barbara Shapiro

Mailing Address 746 Washburn St

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Self Occupation Speech-Learning Therapist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	7	/	2	0	0	9

Transaction ID: SA11AI.24484

Amount of Each Receipt this Period  
100.00

earmark-rothman

**C.**

Full Name (Last, First, Middle Initial)  
Helene Sher

Mailing Address 4 Meadow Lane

City State Zip Code  
Lawrence NY 11559

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

Name of Employer best efforts used Occupation Office Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

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

Transaction ID: SA11AI.24317

Amount of Each Receipt this Period  
325.00

mission

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

**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 43 / 72  
(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)  
Eric Sichel

Mailing Address 411 Highview Road

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Investment Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 15 / 2009

Transaction ID: SA11AI.24318

Amount of Each Receipt this Period 375.00

mission

**B.**

Full Name (Last, First, Middle Initial)  
Seth Siegel

Mailing Address 300 Central Park West Apt 7-A

City New York State NY Zip Code 10024

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

Name of Employer Beanstalk Group Occupation Vice Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 03 / 23 / 2009

Transaction ID: SA11AI.24503

Amount of Each Receipt this Period 1000.00

membership

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Simckes

Mailing Address 2 Tauber Ter

City Monsey State NY Zip Code 10952

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

Name of Employer Self Occupation Dentist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 10 / 2009

Transaction ID: SA11AI.24199

Amount of Each Receipt this Period 700.00

mission/memb

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2075.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 72  
(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)  
Melvin Solomon

Mailing Address 6 Eastbrook Dr.

City State Zip Code  
River Edge NJ 07661

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 ▼ 50.00

Date of Receipt: 03 / 17 / 2009  
Transaction ID: SA11AI.24482  
Amount of Each Receipt this Period: 50.00  
earmark-rothman

**B.** Full Name (Last, First, Middle Initial)  
Albert Spring

Mailing Address 15 Nottingham Rd

City State Zip Code  
West Orange NJ 07052

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

Name of Employer n/a Occupation n/a

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 09 / 2009  
Transaction ID: SA11AI.24143  
Amount of Each Receipt this Period: 250.00  
mission

**C.** Full Name (Last, First, Middle Initial)  
Joseph Stechler

Mailing Address 563 Winthrop Rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Stechler & Co. Securities Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 03 / 17 / 2009  
Transaction ID: SA11AI.24472  
Amount of Each Receipt this Period: 250.00  
earmark-rothman

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 550.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 72  
(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)  
Abe Steinberger

Mailing Address 590 Winthrop Rd

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Self Occupation  
Self MD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2009

**Transaction ID:** SA11AI.24473

Amount of Each Receipt this Period  
500.00

earmark-rothman

**B.**

Full Name (Last, First, Middle Initial)  
Trudy Stern

Mailing Address 480 ocean ave

City State Zip Code  
Lawrence NY 11559

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

Name of Employer Self Occupation  
Self Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** SA11AI.24233

Amount of Each Receipt this Period  
475.00

mission

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Stone

Mailing Address 1077 Bromley Ave.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Marc Nichols Assoc Occupation  
Executive Recruiter

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 12 / 2009

**Transaction ID:** SA11AI.24234

Amount of Each Receipt this Period  
250.00

mission

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1225.00**

**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: (check only one)	PAGE 46 / 72
	<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)  
Justin Straus

Mailing Address 122 Golf Court

City Teaneck State NJ Zip Code 07666

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

Name of Employer Oradell Animal Hospital Occupation Veterinarian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 15 / 2009

Transaction ID: SA11AI.24322

Amount of Each Receipt this Period 250.00

mission

**B.** Full Name (Last, First, Middle Initial)  
Mark Teicher

Mailing Address 1317 Hudson St.

City Teaneck State NJ Zip Code 07666

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

Name of Employer Physician Occupation Cardiology Ctr of N. Jersey

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 03 / 17 / 2009

Transaction ID: SA11AI.24359

Amount of Each Receipt this Period 75.00

mission

**C.** Full Name (Last, First, Middle Initial)  
gail tuchman

Mailing Address 9 Miriam Ln

City Monsey State NY Zip Code 10952

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

Name of Employer Orange Dermatology Assoc PC Occupation Financial Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2009

Transaction ID: SA11AI.24616

Amount of Each Receipt this Period 300.00

mission

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 625.00

**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: (check only one)	PAGE 47 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) raymond verhoeff		Date of Receipt
	Mailing Address 20 dakota ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 10 / 2009
	City	State	Zip Code
	suffern	NY	10901
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.24206
Name of Employer osi soft inc		Occupation dvlpmt director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			mission

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Weinstein		Date of Receipt
	Mailing Address 11 Anthony Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2009
	City	State	Zip Code
	Edison	NJ	08820
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.24364
Name of Employer n/a		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 59.10
			In-kind -

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Weinstein		Date of Receipt
	Mailing Address 11 Anthony Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 19 / 2009
	City	State	Zip Code
	Edison	NJ	08820
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.24554
Name of Employer n/a		Occupation Retired	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 80.00
			In-kind - constant contact

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>389.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 72

(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)  
Mitchell Weitzner

Mailing Address 343 Starling Rd.

City State Zip Code  
Englewood NJ 07631

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

Name of Employer self Occupation  
self trader

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.24457

Amount of Each Receipt this Period

200.00

earmark-specter

**B.**

Full Name (Last, First, Middle Initial)  
Mark Wertenteil

Mailing Address 296 Rutland Avenue

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer self Occupation  
self physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2050.00

Date of Receipt

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

Transaction ID: SA11AI.24618

Amount of Each Receipt this Period

2050.00

mission/membership

**C.**

Full Name (Last, First, Middle Initial)  
Barry Wolf

Mailing Address 128 N. 8th Ave

City State Zip Code  
Highland Park NJ 08904

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

Name of Employer self Occupation  
self physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.24085

Amount of Each Receipt this Period

125.00

mission

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

2375.00

**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: (check only one)	PAGE 49 / 72
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Frances Wolf		Date of Receipt
	Mailing Address 269 Vandelinda Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 17 / 2009
	City	State	Zip Code
	Teaneck	NJ	07666
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.24478
Name of Employer ISEF		Occupation Fundraiser	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
			earmark-rothman

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Wruble		Date of Receipt
	Mailing Address 614 maitland Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 15 / 2009
	City	State	Zip Code
	Teaneck	NJ	07666
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.24325
Name of Employer Self		Occupation Psychiatrist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 225.00
			mission

<b>C.</b>	Full Name (Last, First, Middle Initial) lewis zinkin		Date of Receipt
	Mailing Address 471 harrison ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 09 / 2009
	City	State	Zip Code
	highland park	NJ	08904
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.24151
Name of Employer self		Occupation md	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			mission

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 975.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 54114.10

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 72

(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

**A.**

Full Name (Last, First, Middle Initial)  
Fidelity Investments

Mailing Address 396 Route 17 North

City State Zip Code  
Paramus NJ 07652

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
912.40

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA17.24620

Amount of Each Receipt this Period

243.31

dividend

**B.**

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

Mailing Address 1445 Valley Rd

City State Zip Code  
Wayne NJ 07470

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1726.21

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA17.24621

Amount of Each Receipt this Period

6.15

CD interest

**C.**

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

Mailing Address 1445 Valley Rd

City State Zip Code  
Wayne NJ 07470

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1732.36

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2009

Transaction ID: SA17.24659

Amount of Each Receipt this Period

6.15

interest

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

255.61

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

255.61

**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

A.	Full Name (Last, First, Middle Initial) 5 Towns Jewish Times	Transaction ID: SB21B.24570 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>3</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	0		2	0	0	9												
	City Lawrence State NY Zip Code 11559	Amount of Each Disbursement this Period																			
	Purpose of Disbursement mission ad	<table border="1"><tr><td>400.00</td></tr></table>	400.00																		
400.00																					
	Candidate Name	<table border="1"><tr><td>004</td></tr></table> Category/Type	004																		
004																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) 5 Towns Jewish Times	Transaction ID: SB21B.24583 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>3</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	7		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	7		2	0	0	9												
	City Lawrence State NY Zip Code 11559	Amount of Each Disbursement this Period																			
	Purpose of Disbursement mission ad	<table border="1"><tr><td>400.00</td></tr></table>	400.00																		
400.00																					
	Candidate Name	<table border="1"><tr><td>004</td></tr></table> Category/Type	004																		
004																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) Mindy Berman	Transaction ID: SB21B.24559 Date of Disbursement																			
	Mailing Address 312 Cedar Ave	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	0	9												
	City Highland Park State NJ Zip Code 08904	Amount of Each Disbursement this Period																			
	Purpose of Disbursement payroll	<table border="1"><tr><td>436.21</td></tr></table>	436.21																		
436.21																					
	Candidate Name	<table border="1"><tr><td></td></tr></table> Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1236.21</td></tr></table>	1236.21
1236.21		
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
NORPAC

A.	Full Name (Last, First, Middle Initial) Mindy Berman	Transaction ID: SB21B.24580
	Mailing Address 312 Cedar Ave	Date of Disbursement MM / DD / YYYY 03 / 17 / 2009
	City Highland Park State NJ Zip Code 08904	Amount of Each Disbursement this Period 382.30
	Purpose of Disbursement payroll Candidate Name	001 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) Mindy Berman	Transaction ID: SB21B.24590
	Mailing Address 312 Cedar Ave	Date of Disbursement MM / DD / YYYY 03 / 26 / 2009
	City Highland Park State NJ Zip Code 08904	Amount of Each Disbursement this Period 382.30
	Purpose of Disbursement payroll Candidate Name	001 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) Internal Revenue Service	Transaction ID: SB21B.24564
	Mailing Address N/A	Date of Disbursement MM / DD / YYYY 03 / 03 / 2009
	City Ogden State UT Zip Code 84201	Amount of Each Disbursement this Period 2545.00
	Purpose of Disbursement Candidate Name	001 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3309.60</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jewish Media Group LLC <hr/> Mailing Address 5455 Wilshire Blvd Suite # 1000 <hr/> City Los Angelis State NY Zip Code 90036 <hr/> Purpose of Disbursement mission ad Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.24571 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 471.90
<b>B.</b>	Full Name (Last, First, Middle Initial) NJ Jewish News <hr/> Mailing Address 901 Route 10 <hr/> City Whippany State NJ Zip Code 07981 <hr/> Purpose of Disbursement advertising Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.24566 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 9	Amount of Each Disbursement this Period 930.00
<b>C.</b>	Full Name (Last, First, Middle Initial) Leonor Nunez <hr/> Mailing Address 526 Longview Ave <hr/> City Cliffside Park State NJ Zip Code 07010 <hr/> Purpose of Disbursement payroll Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.24591 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 431.21

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

1833.11

**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 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1551 S. Washington Ave.</p> <p>City Piscataway State NJ Zip Code 08854</p> <p>Purpose of Disbursement taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.24558</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="547.26"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1551 S. Washington Ave.</p> <p>City Piscataway State NJ Zip Code 08854</p> <p>Purpose of Disbursement invoice</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.24560</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="97.57"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1551 S. Washington Ave.</p> <p>City Piscataway State NJ Zip Code 08854</p> <p>Purpose of Disbursement taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.24579</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="465.11"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="1109.94"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

**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 55 / 72

<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

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) Paychex	Transaction ID: SB21B.24584 Date of Disbursement
	Mailing Address 1551 S. Washington Ave.	<input type="text" value="03"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
	Purpose of Disbursement taxes	<input type="text" value="81.80"/>
	Candidate Name	<input type="text" value="001"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) paypal	Transaction ID: SB21B.24619 Date of Disbursement
	Mailing Address PO Box 45950	<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Omaha State NE Zip Code 68145	Amount of Each Disbursement this Period
	Purpose of Disbursement fee	<input type="text" value="1492.87"/>
	Candidate Name	<input type="text" value="001"/> 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) Karen Pichkhadze	Transaction ID: SB21B.24556 Date of Disbursement
	Mailing Address 1038 Kingsland Lane	<input type="text" value="03"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll	<input type="text" value="1166.19"/>
	Candidate Name	<input type="text" value=""/> 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2740.86"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value=""/>

**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 56 / 72

<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) Karen Pichkhadze	Transaction ID: SB21B.24578 Date of Disbursement
	Mailing Address 1038 Kingsland Lane	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll Candidate Name	<input type="text" value="1239.83"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

B.	Full Name (Last, First, Middle Initial) Karen Pichkhadze	Transaction ID: SB21B.24589 Date of Disbursement
	Mailing Address 1038 Kingsland Lane	<input type="text" value="03"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period
	Purpose of Disbursement payroll Candidate Name	<input type="text" value="1309.83"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

C.	Full Name (Last, First, Middle Initial) Valley National Bank	Transaction ID: SB21B.24582 Date of Disbursement
	Mailing Address 1445 Valley Rd	<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City Wayne State NJ Zip Code 07470	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card Candidate Name	<input type="text" value="18.65"/>
	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) ▼
		<input type="text" value="001"/> Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="2568.31"/>
<b>TOTAL</b> 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 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.24592
	Mailing Address 1445 Valley Rd	Date of Disbursement MM / DD / YYYY 03 / 26 / 2009
	City Wayne State NJ Zip Code 07470	Amount of Each Disbursement this Period 15.00
	Purpose of Disbursement returned check fee Candidate Name	001 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) Valley National Bank	Transaction ID: SB21B.24622
	Mailing Address 1445 Valley Rd	Date of Disbursement MM / DD / YYYY 03 / 31 / 2009
	City Wayne State NJ Zip Code 07470	Amount of Each Disbursement this Period 205.58
	Purpose of Disbursement merchant service fee Candidate Name	001 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) Verizon wireless	Transaction ID: SB21B.24561
	Mailing Address PO Box 17120	Date of Disbursement MM / DD / YYYY 03 / 03 / 2009
	City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period 132.30
	Purpose of Disbursement cell phone bill Candidate Name	001 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>352.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Verizon wireless Mailing Address PO Box 17120 City Tucson State AZ Zip Code 85731 Purpose of Disbursement cell phones Candidate Name 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.24587 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9	Amount of Each Disbursement this Period 144.91
<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Weinstein Mailing Address 11 Anthony Ave. City Edison State NJ Zip Code 08820 Purpose of Disbursement In-kind - 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.24365 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9	Amount of Each Disbursement this Period 59.10
<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Weinstein Mailing Address 11 Anthony Ave. City Edison State NJ Zip Code 08820 Purpose of Disbursement In-kind - constant contact 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.24555 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 0 9	Amount of Each Disbursement this Period 80.00

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

284.01

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

13434.92

**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 59 / 72

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

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NAME OF COMMITTEE (In Full)  
NORPAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24441 Date of Disbursement
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	<input type="text" value="03"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement conduit-Sal Barzilay	<input type="text" value="100.00"/>
	Candidate Name	[MEMO ITEM]
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24383 Date of Disbursement
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement earmark- myron bari	<input type="text" value="250.00"/>
	Candidate Name CITIZENS FOR ARLEN SPECTER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24384 Date of Disbursement
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	<input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement earmark-howard baruch	<input type="text" value="500.00"/>
	Candidate Name CITIZENS FOR ARLEN SPECTER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="750.00"/>
<b>TOTAL</b> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER <hr/> Mailing Address 426 C STREET NE CARRIAGE HOUSE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement earmark-hershel feldman <hr/> Candidate Name CITIZENS FOR ARLEN SPECTER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.24385 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 180.00
<b>B.</b>	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER <hr/> Mailing Address 426 C STREET NE CARRIAGE HOUSE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement earmark-david fishel <hr/> Candidate Name CITIZENS FOR ARLEN SPECTER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.24386 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER <hr/> Mailing Address 426 C STREET NE CARRIAGE HOUSE <hr/> City WASHINGTON State DC Zip Code 20002 <hr/> Purpose of Disbursement earmark-jerry gontownik <hr/> Candidate Name CITIZENS FOR ARLEN SPECTER <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.24387 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 9 <hr/> Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1680.00
<b>TOTAL</b> 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)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24391 Date of Disbursement 03 / 09 / 2009
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	Amount of Each Disbursement this Period 200.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement earmark-mitchell weitzner	Category/ Type
	Candidate Name CITIZENS FOR ARLEN SPECTER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24440 Date of Disbursement 03 / 09 / 2009
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	Amount of Each Disbursement this Period 1000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement conduit-Arthur Aaron	Category/ Type
	Candidate Name CITIZENS FOR ARLEN SPECTER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24538 Date of Disbursement 03 / 10 / 2009
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	Amount of Each Disbursement this Period 200.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement earmark-rosalyn kozak	Category/ Type
	Candidate Name CITIZENS FOR ARLEN SPECTER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	400.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24393 Date of Disbursement 03 / 11 / 2009
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	Amount of Each Disbursement this Period 2000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement earmark-Lieba Halpern	
	Candidate Name CITIZENS FOR ARLEN SPECTER	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24394 Date of Disbursement 03 / 13 / 2009
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	Amount of Each Disbursement this Period 500.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement earmark-kevin lemmer	
	Candidate Name CITIZENS FOR ARLEN SPECTER	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24395 Date of Disbursement 03 / 15 / 2009
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	Amount of Each Disbursement this Period 500.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement earmark-Mort Fridman	
	Candidate Name CITIZENS FOR ARLEN SPECTER	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24392 Date of Disbursement 03 / 16 / 2009
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	Amount of Each Disbursement this Period 2300.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement earmark-Leon and Rosalyn Kozak	
	Candidate Name CITIZENS FOR ARLEN SPECTER	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24396 Date of Disbursement 03 / 16 / 2009
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	Amount of Each Disbursement this Period 500.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement earmark-yehuda blinder	
	Candidate Name CITIZENS FOR ARLEN SPECTER	Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24397 Date of Disbursement 03 / 16 / 2009
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	Amount of Each Disbursement this Period 2000.00
	City WASHINGTON State DC Zip Code 20002	
	Purpose of Disbursement earmark-Benjamin Chouake	003 Category/ Type
	Candidate Name CITIZENS FOR ARLEN SPECTER	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4800.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

A.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24429 Date of Disbursement
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement contribution	<input type="text" value="5000.00"/>
	Candidate Name CITIZENS FOR ARLEN SPECTER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24541 Date of Disbursement
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	<input type="text" value="03"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement conduit-jason muss	<input type="text" value="1000.00"/>
	Candidate Name ARLEN SPECTER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.24525 Date of Disbursement
	Mailing Address 426 C STREET NE CARRIAGE HOUSE	<input type="text" value="03"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement conduit-Robert Lebovics	<input type="text" value="250.00"/>
	Candidate Name CITIZENS FOR ARLEN SPECTER	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

A. Form/Schedule : **SB23**  
Transaction ID : **SB23.24429**

This was a contribution from the committee to Citizens for Arlen Specter, it was not an earmarked contribution forwarded by Norpac.

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>COLEMAN FOR SENATE RECOUNT FUND</b></p> <p>Mailing Address 680 Transfer Road, Suite A</p> <p>City Saint Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement conduit-Matthew Maryles</p> <p>Candidate Name <b>NORM COLEMAN</b></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.24527</p> <p>Date of Disbursement 03 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 100.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>Jim Bunning for Senate</b></p> <p>Mailing Address 1717 Dixie Hwy Ste 220</p> <p>City Ft. Wright State KY Zip Code 41011</p> <p>Purpose of Disbursement conduit-robert lebovics</p> <p>Candidate Name <b>STEVE ISRAEL</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.24545</p> <p>Date of Disbursement 03 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>STEVE ROTHMAN FOR CONGRESS</b></p> <p>Mailing Address Post Office Box 714</p> <p>City Hackensack State NJ Zip Code 07602</p> <p>Purpose of Disbursement contribution</p> <p>Candidate Name <b>STEVE ROTHMAN FOR CONGRESS</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.24501</p> <p>Date of Disbursement 03 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

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

5000.00

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

C. Form/Schedule : **SB23**  
Transaction ID : **SB23.24501**

This was a contribution from the committee to Steve Rothman for Congress, it was not an earmarked contribution forwarded by Norpac.

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 72

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Rothman for Congress <hr/> Mailing Address PO Box 714 <hr/> City Hackensack State NJ Zip Code 07602 <hr/> Purpose of Disbursement earmark donations Candidate Name Steve Rothman for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.24586 Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2009
	Amount of Each Disbursement this Period 15500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Steve Rothman for Congress <hr/> Mailing Address PO Box 714 <hr/> City Hackensack State NJ Zip Code 07602 <hr/> Purpose of Disbursement earmark-Victoria Feder Candidate Name Steve Rothman for Congress <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 09 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.24671 Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2009
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	16500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	37980.00

A. Form/Schedule : **SB23**  
Transaction ID : **SB23.24586**

This contribution was made by the following donors: Jack Albalah \$75; Richiard Schlusssel \$100; Laurence Schreiber \$1,000; Reuben Gross \$250; Rob Gottesman \$150; Joe Stechler \$250; Steinberger \$500; James Lavin \$500; Ivan Bresgi \$500; Janet Hoffman \$500; Frances Wolf \$500; Leonard David \$250; Arline Duker \$500; Michael Katz \$500; Karen Futter \$250; Josh Muss \$1,000; Allen Friedman \$1,000; Marvin Lipsky \$500; Jerome Milch \$1,000; Jerry Gontownik \$1,000; Mort Fridman \$1,450; Esther Chouake \$1,000; Rob Goodman \$1,452; David Schlusssel \$500; Julian Millstein \$200; Paula Markowitz \$18; Mel Solomon \$50; Natalee Harris \$25; Barbara Shapiro \$100; Ephraim Isaac \$100; Clive Lipshitz \$180; toby Glick \$100.

**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 71 / 72

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

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NAME OF COMMITTEE (In Full)  
NORPAC

A.	Full Name (Last, First, Middle Initial) Citizens for Josh Mandel		Transaction ID: SB29.25734	
	Mailing Address 2112 acacia park dr ste 504		Date of Disbursement MM / DD / YYYY 03 / 11 / 2009	
	City lyndhurst	State OH	Zip Code 44124	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement earmark-Ben Chouake		Category/ Type	
	Candidate Name Citizens for Josh Mandel			
	Office Sought: <input checked="" 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: OH	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	2000.00

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
NORPAC

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

Mailing Address  
PO Box 5595

City State Zip Code  
Englewood NJ 07631

001

Purpose of Disbursement:  
interest valley national acct

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6.15

Activity or Event Identifier:  
Administrative

Date 03 / 31 / 2009

Transaction ID: H4.24661

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		6.15		6.15

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

Mailing Address  
PO Box 5595

City State Zip Code  
Englewood NJ 07631

001

Purpose of Disbursement:  
interest-valley national acct

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

12.30

Activity or Event Identifier:  
Administrative

Date 03 / 31 / 2009

Transaction ID: H4.24662

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		6.15		6.15

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		12.30		12.30

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
0.00		12.30		12.30