

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

Office Use Only

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

NORPAC

ADDRESS (number and street)

PO Box 5595

☐Check if different
than previously
reported. (ACC)

Englewood

NJ

07631

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00247403

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

06

01

2009

through

06

30

2009

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

Type or Print Name of Treasurer

Karen Pichkhadze

Signature of Treasurer

Electronically Filed by Karen Pichkhadze

Date

01

14

2010

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

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

A. Form/Schedule : **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

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
NORPAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

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	<div>Y Y Y Y 2009</div>	<div>455323.41</div>
(b) Cash on Hand at Beginning of Reporting Period	<div>510688.95</div>	
(c) Total Receipts (from Line 19)	<div>112083.94</div>	<div>385257.43</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>622772.89</div>	<div>840580.84</div>
7. Total Disbursements (from Line 31)	<div>148596.56</div>	<div>366404.51</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>474176.33</div>	<div>474176.33</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
NORPAC

Report Covering the Period:

From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

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)	83775.00	298904.40
(ii) Unitemized	1810.00	54306.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	85585.00	353210.40
(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)	85585.00	353210.40
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)	50.00	2549.23
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	25200.00	25200.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1248.94	4297.80
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))	112083.94	385257.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	112083.94	385257.43

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	12.30	
(b) Other Federal Operating Expenditures.....	45180.83	147246.48	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	45180.83	147258.78	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102035.00	212390.00	
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	780.73	2155.73	
(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))	780.73	2155.73	
29. Other Disbursements.....	600.00	2600.00	
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))..	148596.56	366404.51	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	148596.56	366392.21	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	85585.00	353210.40
34. Total Contribution Refunds (from Line 28(d))	780.73	2155.73
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	84804.27	351054.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	45180.83	147246.48
37. Offsets to Operating Expenditures (from Line 15, page 3)	50.00	2549.23
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45130.83	144697.25

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

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

FOR LINE NUMBER: PAGE 7 / 58

(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)

steven adelsberg

Mailing Address 258 Beaumont St.

City

Brooklyn

State

NY

Zip Code

11235

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.25432

Amount of Each Receipt this Period

500.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Amy Albalah

Mailing Address 470 Herkimer Avenue

City

Haworth

State

NJ

Zip Code

07641

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 ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.25392

Amount of Each Receipt this Period

1000.00

earmark-garrett for congress

C.

Full Name (Last, First, Middle Initial)

esther bak

Mailing Address 132 Overlook Rd

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Veritex

Occupation
CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25272

Amount of Each Receipt this Period

4800.00

earmark-jim bunning

SUBTOTAL of Receipts This Page (optional)

6300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 58

(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)

Harris Bak

Mailing Address 132 Overlook Road

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
milliman, Inc.

Occupation
Actuary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25271

Amount of Each Receipt this Period

4800.00

earmark-jim bunning

B.

Full Name (Last, First, Middle Initial)

Howard Baruch

Mailing Address 130 Dwight Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1975.00

Date of Receipt

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

Transaction ID: SA11AI.24952

Amount of Each Receipt this Period

1000.00

earmark-EricPac

C.

Full Name (Last, First, Middle Initial)

Rosalind Baruch

Mailing Address 130 Dwight Pl

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25274

Amount of Each Receipt this Period

500.00

earmark-jim bunning

SUBTOTAL of Receipts This Page (optional)

6300.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 58

(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)

Alan Berger

Mailing Address 24 Sutton Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

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

Transaction ID: SA11AI.24961

Amount of Each Receipt this Period

500.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Marc Berger

Mailing Address 210 W. 89th St.

City

New York

State

NY

Zip Code

10024

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 ▼

725.00

Date of Receipt

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

Transaction ID: SA11AI.24971

Amount of Each Receipt this Period

500.00

earmark-EricPac

C.

Full Name (Last, First, Middle Initial)

Yehuda Blinder

Mailing Address 95 Dwight Pl

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Mgmt

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.25291

Amount of Each Receipt this Period

500.00

earmark-bunning

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 58

(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)

Hannah-Jean Brafman

Mailing Address 269 Fountain Rd

City

Englewood

State

NJ

Zip Code

07631

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.24972

Amount of Each Receipt this Period

500.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5050.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.25302

Amount of Each Receipt this Period

1000.00

earmark-dan burton

C.

Full Name (Last, First, Middle Initial)

Esther Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.25304

Amount of Each Receipt this Period

350.00

earmark-evan bayh

SUBTOTAL of Receipts This Page (optional)

1850.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 58

(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)

Esther Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.25307

Amount of Each Receipt this Period

150.00

earmark-harry reid

B.

Full Name (Last, First, Middle Initial)

Esther Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.25305

Amount of Each Receipt this Period

500.00

earmark-evan bayh

C.

Full Name (Last, First, Middle Initial)

hassan faisal

Mailing Address 50 sutton pl

City

new york

State

NY

Zip Code

10022

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.25374

Amount of Each Receipt this Period

1000.00

earmark-howard berman

SUBTOTAL of Receipts This Page (optional)

1650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 58

(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)

Hershel Feldman

Mailing Address 250 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Macabee Trading

Occupation
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1505.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25275

Amount of Each Receipt this Period

1000.00

earmark-bunning

B.

Full Name (Last, First, Middle Initial)

Daniel Feuer

Mailing Address 335 Robin Road

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.24988

Amount of Each Receipt this Period

100.00

earmark-EricPac

C.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5875.00

Date of Receipt

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

Transaction ID: SA11AI.24953

Amount of Each Receipt this Period

1000.00

earmark-EricPac

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 58

(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)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.25312

Amount of Each Receipt this Period

500.00

earmark-howard berman

B.

Full Name (Last, First, Middle Initial)

Allen Friedman

Mailing Address 315 Johnson Avenue

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.P. Morgan Chase

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3525.00

Date of Receipt

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

Transaction ID: SA11AI.24874

Amount of Each Receipt this Period

1000.00

earmark-dan burton

C.

Full Name (Last, First, Middle Initial)

Allen Friedman

Mailing Address 315 Johnson Avenue

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.P. Morgan Chase

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8050.00

Date of Receipt

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

Transaction ID: SA11AI.25368

Amount of Each Receipt this Period

4525.00

membership

SUBTOTAL of Receipts This Page (optional)

6025.00

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 / 58

(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)

Allen Friedman

Mailing Address 315 Johnson Avenue

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.P. Morgan ChaseOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8550.00

Date of Receipt

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

Transaction ID: SA11AI.25309

Amount of Each Receipt this Period

500.00

earmark-howard berman

B.

Full Name (Last, First, Middle Initial)

Rachel Friedman

Mailing Address 315 Johnson Ave

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drisha InstituteOccupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.26089

Amount of Each Receipt this Period

5000.00

membership

C.

Full Name (Last, First, Middle Initial)

Murray Goldberg

Mailing Address 1132 Sussex Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regeneron PharmaceuticalsOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

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

Transaction ID: SA11AI.24963

Amount of Each Receipt this Period

500.00

earmark-EricPac

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 58

(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)

Stewart Goldberg

Mailing Address 333 East Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marathon Assets

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.24962

Amount of Each Receipt this Period

100.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Stewart Goldberg

Mailing Address 333 East Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marathon Assets

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25279

Amount of Each Receipt this Period

100.00

earmark-bunning

C.

Full Name (Last, First, Middle Initial)

Jerry Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Post Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4125.00

Date of Receipt

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

Transaction ID: SA11AI.24949

Amount of Each Receipt this Period

2000.00

earmark-EricPac

SUBTOTAL of Receipts This Page (optional)

2200.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jerry Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Post Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4485.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.25292

Amount of Each Receipt this Period

360.00

earmark-bunning

B.

Full Name (Last, First, Middle Initial)

Robert Goodman

Mailing Address 473 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6877.00

Date of Receipt

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

Transaction ID: SA11AI.24950

Amount of Each Receipt this Period

2000.00

earmark-EricPac

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 ▼

1200.00

Date of Receipt

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

Transaction ID: SA11AI.24885

Amount of Each Receipt this Period

150.00

earmark-evan bayh

SUBTOTAL of Receipts This Page (optional)

2510.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

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

Transaction ID: SA11AI.24973

Amount of Each Receipt this Period

500.00

earmark-EricPac

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 ▼

1850.00

Date of Receipt

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

Transaction ID: SA11AI.25326

Amount of Each Receipt this Period

150.00

earmark-harry reid

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25280

Amount of Each Receipt this Period

150.00

earmark-bunning

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 18 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Greif

Mailing Address 240 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

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

Transaction ID: SA11AI.24954

Amount of Each Receipt this Period

1000.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Kenneth Greif

Mailing Address 240 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25281

Amount of Each Receipt this Period

500.00

earmark-bunning

C.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID: SA11AI.24951

Amount of Each Receipt this Period

2000.00

earmark-EricPac

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.25288

Amount of Each Receipt this Period

2000.00

earmark-bunning

B.

Full Name (Last, First, Middle Initial)

Eric Herschmann

Mailing Address 373 Walnut St

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kasowitz, Benson, Torres
et al

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.24955

Amount of Each Receipt this Period

1000.00

earmarkEricPac

C.

Full Name (Last, First, Middle Initial)

Shira Jacobs

Mailing Address 118 Dana Pl

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Design

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.24974

Amount of Each Receipt this Period

500.00

earmark-EricPac

SUBTOTAL of Receipts This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 20 / 58

(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)

Howard Jonas

Mailing Address 3020 Palisade Ave.

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
IDT

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.24957

Amount of Each Receipt this Period

1000.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Howard Jonas

Mailing Address 3020 Palisade Ave.

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
IDT

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.24958

Amount of Each Receipt this Period

4000.00

membership

C.

Full Name (Last, First, Middle Initial)

Mordecai Katz

Mailing Address 300 E. Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

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

Transaction ID: SA11AI.24959

Amount of Each Receipt this Period

1000.00

earmark-EricPac

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 58

(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)

Arthur Kook

Mailing Address 263 Broad Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramapo Valley Dental Asso-
c.

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

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

Transaction ID: SA11AI.24987

Amount of Each Receipt this Period

180.00

earmark-EricPac

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 ▼

13400.00

Date of Receipt

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

Transaction ID: SA11AI.24960

Amount of Each Receipt this Period

1000.00

earmark-EricPac

C.

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 ▼

14140.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.25289

Amount of Each Receipt this Period

1000.00

earmark-bunning

SUBTOTAL of Receipts This Page (optional)

2180.00

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 / 58

(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)

Abraham J. Kramer

Mailing Address 216 S. Dwight Place

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11AI.24965

Amount of Each Receipt this Period

1000.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Elizabeth Krinick

Mailing Address 46 Lydecker St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Housewife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.25290

Amount of Each Receipt this Period

180.00

earmark-bunning

C.

Full Name (Last, First, Middle Initial)

Bryna Landes

Mailing Address 740 West 232 St

City

Riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4875.00

Date of Receipt

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

Transaction ID: SA11AI.25367

Amount of Each Receipt this Period

4875.00

membership

SUBTOTAL of Receipts This Page (optional)

6055.00

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 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert Lebovics

Mailing Address 156 Dwight Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25282

Amount of Each Receipt this Period

500.00

earmark-bunning

B.

Full Name (Last, First, Middle Initial)

Robert Lebovics

Mailing Address 156 Dwight Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.25303

Amount of Each Receipt this Period

500.00

earmark-dan burton

C.

Full Name (Last, First, Middle Initial)

Kevin Lemmer

Mailing Address 140 Downey Dr.

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Management

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

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

Transaction ID: SA11AI.24966

Amount of Each Receipt this Period

1000.00

earmark-EricPac

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 24 / 58

(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)

Paul Lerer

Mailing Address 270 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.24975

Amount of Each Receipt this Period

500.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Paul Lerer

Mailing Address 270 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	9

Transaction ID: SA11AI.25283

Amount of Each Receipt this Period

250.00

earmark-bunning

C.

Full Name (Last, First, Middle Initial)

Rafael Levy

Mailing Address 247 mountain rd

City

englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.24981

Amount of Each Receipt this Period

300.00

earmark-EricPac

SUBTOTAL of Receipts This Page (optional)

1050.00

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 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

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

Transaction ID: SA11AI.24967

Amount of Each Receipt this Period

1000.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3800.00

Date of Receipt

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

Transaction ID: SA11AI.25394

Amount of Each Receipt this Period

1000.00

earmark-blanche lincoln

C.

Full Name (Last, First, Middle Initial)

michael melnicke

Mailing Address n/a

City

n/a

State

NY

Zip Code

10024

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.25316

Amount of Each Receipt this Period

1000.00

earmark-howard berman

SUBTOTAL of Receipts This Page (optional)

3000.00

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 / 58

(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)

Samuel Moed

Mailing Address 54 Dana Place

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bristol Myers Squibb

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.24976

Amount of Each Receipt this Period

500.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

David Muschel

Mailing Address 181 East Linden Ave

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockview Management

Occupation

Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.25293

Amount of Each Receipt this Period

500.00

earmark-bunning

C.

Full Name (Last, First, Middle Initial)

Joshua Muss

Mailing Address 11 Rutherford Lane

City

Lawrence

State

NY

Zip Code

11559

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 ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.25308

Amount of Each Receipt this Period

1000.00

earmark-harry reid

SUBTOTAL of Receipts This Page (optional)

2000.00

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 / 58

(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)

Gilad Ottensoser

Mailing Address 285 Robin Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deutsche Bank Securities
Inc.

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.25435

Amount of Each Receipt this Period

300.00

membership

B.

Full Name (Last, First, Middle Initial)

Drew Parker

Mailing Address 159 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Investments

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: SA11AI.24977

Amount of Each Receipt this Period

500.00

earmark-EricPac

C.

Full Name (Last, First, Middle Initial)

Drew Parker

Mailing Address 159 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Investments

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.25284

Amount of Each Receipt this Period

500.00

earmark-bunning

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: PAGE 28 / 58

(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)

Toby Parker

Mailing Address 260 Maple St

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Not practicingOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.25431

Amount of Each Receipt this Period

500.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

dierdre paul

Mailing Address 96 oak st

City

englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
politician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	9

Transaction ID: SA11AI.25438

Amount of Each Receipt this Period

250.00

membership

C.

Full Name (Last, First, Middle Initial)

maurice pianko

Mailing Address 285 aycrigg ave
3e

City

passaic

State

NJ

Zip Code

07055

FEC ID number of contributing
federal political committee.

C

Name of Employer
schoolOccupation
student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	0	9

Transaction ID: SA11AI.25320

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional)

755.00

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 / 58

(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)

daniel Rosen

Mailing Address 18 e. 85th st

City

new york

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
rosen partners

Occupation
real estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.25372

Amount of Each Receipt this Period

2000.00

earmark-howard berman

B.

Full Name (Last, First, Middle Initial)

Jack Rosen

Mailing Address 18 E. 85th St

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: SA11AI.25369

Amount of Each Receipt this Period

2500.00

earmark-howard berman

C.

Full Name (Last, First, Middle Initial)

Jordan Rosen

Mailing Address 300 E. 75th St

City

new york

State

NY

Zip Code

10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
rosen partners

Occupation
real estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.25370

Amount of Each Receipt this Period

2000.00

earmark-howard berman

SUBTOTAL of Receipts This Page (optional)

6500.00

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 30 / 58

(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)

Richard Schlusel

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 UOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	0	9

Transaction ID: SA11AI.25285

Amount of Each Receipt this Period

150.00

earmark-bunning

B.

Full Name (Last, First, Middle Initial)

James Schwalbe

Mailing Address 320 Walnut St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
James E Schwalbe PCOccupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

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

Transaction ID: SA11AI.24978

Amount of Each Receipt this Period

500.00

earmark-EricPac

C.

Full Name (Last, First, Middle Initial)

howard sonnenblick

Mailing Address 205 Broad Ave

City

englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
north jersey pediatricsOccupation
md

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.24994

Amount of Each Receipt this Period

50.00

earmark-EricPac

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 31 / 58

(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)
radine spier

Mailing Address 1 w. 81st st.
apt 5

City State Zip Code
new york NY 10024

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.25324

Amount of Each Receipt this Period

1000.00

membership

B.

Full Name (Last, First, Middle Initial)
charles stein

Mailing Address 1 wooley ln
2n

City State Zip Code
great neck NY 11023

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

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.25441

Amount of Each Receipt this Period

250.00

earmark-EricPac

C.

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

Mailing Address 514 Maitland Ave.

City State Zip Code
Teaneck NJ 07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wythe Upholstery Co.

Occupation
Furniture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

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

Transaction ID: SA11AI.24979

Amount of Each Receipt this Period

500.00

earmark-EricPac

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 58

(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 Stern

Mailing Address 480 Ocean Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.24968

Amount of Each Receipt this Period

1000.00

earmark-EricPac

B.

Full Name (Last, First, Middle Initial)

Stanley Stern

Mailing Address 480 Ocean Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.25306

Amount of Each Receipt this Period

1000.00

earmark-harry reid

C.

Full Name (Last, First, Middle Initial)

andon veizi

Mailing Address 26-40 14th st

City

astoria

State

NY

Zip Code

11102

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 ▼

2000.00

Date of Receipt

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

Transaction ID: SA11AI.25310

Amount of Each Receipt this Period

2000.00

earmark-howard berman

SUBTOTAL of Receipts This Page (optional)

4000.00

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 33 / 58

(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)

charles wang

Mailing Address n/a

City

n/a

State

NY

Zip Code

10021

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.25379

Amount of Each Receipt this Period

1000.00

earmark-howard berman

B.

Full Name (Last, First, Middle Initial)

William Weiss

Mailing Address 371 Cumberland Street

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
paperclip software

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.24983

Amount of Each Receipt this Period

250.00

earmark-EricPac

C.

Full Name (Last, First, Middle Initial)

Qing Ye

Mailing Address 5338-97th st

City

corona

State

NY

Zip Code

11368

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.25377

Amount of Each Receipt this Period

1000.00

earmark-howard berman

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

83775.00

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

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

FOR LINE NUMBER: PAGE 34 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)
NORPAC

Mailing Address PO Box 5595

City State Zip Code
Englewood NJ 07631

FEC ID number of contributing
federal political committee.

C C00247403

Name of Employer

Occupation

Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
11456.15

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA16.25400

Amount of Each Receipt this Period

11450.00

return of chk. #1199 (blanche lincoln)

B.

Full Name (Last, First, Middle Initial)
NORPAC

Mailing Address PO Box 5595

City State Zip Code
Englewood NJ 07631

FEC ID number of contributing
federal political committee.

C C00247403

Name of Employer

Occupation

Receipt For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
25206.15

Date of Receipt

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

Transaction ID: SA16.25401

Amount of Each Receipt this Period

13750.00

return of chk. #1225 (evan bayh)

SUBTOTAL of Receipts This Page (optional)

25200.00

TOTAL This Period (last page this line number only)

25200.00

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

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

FOR LINE NUMBER: PAGE 35 / 58

(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)

Fidelity Investments

Mailing Address 396 Route 17 North

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1439.62

Date of Receipt

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

Transaction ID: SA17.25425

Amount of Each Receipt this Period

143.78

dividends

B.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2754.22

Date of Receipt

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

Transaction ID: SA17.25426

Amount of Each Receipt this Period

1001.20

cd interest

C.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2844.09

Date of Receipt

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

Transaction ID: SA17.25427

Amount of Each Receipt this Period

89.87

cd interest

SUBTOTAL of Receipts This Page (optional)

1234.85

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 36 / 58

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

2858.18

Date of Receipt

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

Transaction ID: SA17.25430

Amount of Each Receipt this Period

14.09

interest

SUBTOTAL of Receipts This Page (optional)

14.09

TOTAL This Period (last page this line number only)

1248.94

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

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

FOR LINE NUMBER:
(check only one)

PAGE 37 / 58

<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) Capital One Auto	Transaction ID: SB21B.25463 Date of Disbursement																				
Mailing Address 201 Main St.	<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>6</td><td></td><td>1</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	6		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	9												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement auto exp.-karen pichkhadze Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) CitiCards	Transaction ID: SB21B.25364 Date of Disbursement																				
Mailing Address PO Box 183063	<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>6</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	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City Columbus State OH Zip Code 43218-3063	Amount of Each Disbursement this Period																				
Purpose of Disbursement supplies Candidate Name	<table border="1"> <tr> <td colspan="10">680.32</td> </tr> </table>	680.32																			
680.32																					
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) Rachel Druck	Transaction ID: SB21B.25421 Date of Disbursement																				
Mailing Address 41 Cape May St	<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>6</td><td></td><td>1</td><td>9</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	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Englewood State NJ Zip Code 07631	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll Candidate Name	<table border="1"> <tr> <td colspan="10">875.80</td> </tr> </table>	875.80																			
875.80																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3556.12

TOTAL This Period (last page this line number only)

B. Form/Schedule : **SB21B**
Transaction ID : **SB21B.25364**

6/10/09 staples 461 W. Street, fort lee, nj 07024 office supplies.

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

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 58

<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)
Ford Motor Credit

Mailing Address Grand Ave.

City englewood State NJ Zip Code 07631

Purpose of Disbursement
auto expense-karen pichkhadze
Candidate Name

Category/
Type

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

Transaction ID: SB21B.25355
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

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

Mailing Address 250 Mountain Rd.

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
reimb-mission training session (costco)
Candidate Name

001
Category/
Type

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

Transaction ID: SB21B.26102
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
Jewish State

Mailing Address 320 Raritan Ave. Ste 203

City Highland Park State NJ Zip Code 08904

Purpose of Disbursement
advertising
Candidate Name

004
Category/
Type

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

Transaction ID: SB21B.25360
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

B. Form/Schedule : **SB21B**
Transaction ID : **SB21B.26102**

6/4/09 costco-food 80 south river street, hackensack, nj07601 \$523.21

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 41 / 58

<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) Jewish Voice Mailing Address 73 Dana Place	Transaction ID: SB21B.25362 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 9</div> </div>
City Englewood State NJ Zip Code 07631 Purpose of Disbursement advertising Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>240.00</div> <div>004</div> Category/ Type
B. Full Name (Last, First, Middle Initial) Kosher Mart Mailing Address 4860 Boiling Brook Parkway City Rockville State MD Zip Code 20852 Purpose of Disbursement mission catering Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.25353 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>24075.25</div> <div></div> Category/ Type
C. Full Name (Last, First, Middle Initial) Long Island Jewish World Mailing Address 1525 Central Ave City Far Rockaway State NY Zip Code 11691 Purpose of Disbursement advertising 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.25361 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 5 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>800.00</div> <div>004</div> Category/ Type

SUBTOTAL of Disbursements This Page (optional)

25115.25

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 42 / 58

<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) Maadan Mailing Address 446 Cedar Lane	Transaction ID: SB21B.25407 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 6 / 2 0 0 9</div> </div>
City State Zip Code Teaneck NJ 07666 Purpose of Disbursement breakfast-mission Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> 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:	Amount of Each Disbursement this Period <div>2800.00</div>
B. Full Name (Last, First, Middle Initial) Leonor Nunez Mailing Address 526 Longview Ave City State Zip Code Cliffside Park NJ 07010 Purpose of Disbursement payroll Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> 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:	Transaction ID: SB21B.25420 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>406.21</div>
C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave. City State Zip Code Piscataway NJ 08854 Purpose of Disbursement taxes Candidate Name <div> <div>001</div> <div>Category/Type</div> </div> 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:	Transaction ID: SB21B.25412 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 8 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>473.86</div>

SUBTOTAL of Disbursements This Page (optional)

3680.07

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 / 58

<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.25413																				
Paychex	Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</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	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement taxes	<table border="1"> <tr> <td colspan="10">265.05</td> </tr> </table>	265.05																			
265.05																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
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. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.25414																				
Paychex	Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</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	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement transaction fee	<table border="1"> <tr> <td colspan="10">89.36</td> </tr> </table>	89.36																			
89.36																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
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:																					
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.25415																				
Paychex	Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</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	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement transaction fee	<table border="1"> <tr> <td colspan="10">92.62</td> </tr> </table>	92.62																			
92.62																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	001	Category/ Type																		
001																					
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:																					

SUBTOTAL of Disbursements This Page (optional)

447.03

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC**A.**

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 1551 S. Washington Ave.

City
PiscatawayState
NJZip Code
08854Purpose of Disbursement
transaction fee

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25416

Date of Disbursement

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

Amount of Each Disbursement this Period

89.36

B.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 1551 S. Washington Ave.

City
PiscatawayState
NJZip Code
08854Purpose of Disbursement
transaction fee

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25422

Date of Disbursement

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

Amount of Each Disbursement this Period

456.17

C.

Full Name (Last, First, Middle Initial)

Paychex

Mailing Address 1551 S. Washington Ave.

City
PiscatawayState
NJZip Code
08854Purpose of Disbursement
taxes

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.25417

Date of Disbursement

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

Amount of Each Disbursement this Period

124.19

SUBTOTAL of Disbursements This Page (optional)

669.72

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.25418 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>9</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	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement taxes	<table border="1"> <tr> <td colspan="10">454.91</td> </tr> </table>	454.91																			
454.91																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
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.25428 Date of Disbursement																				
Mailing Address PO Box 45950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</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	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City Omaha State NE Zip Code 68145	Amount of Each Disbursement this Period																				
Purpose of Disbursement transaction fee	<table border="1"> <tr> <td colspan="10">3.65</td> </tr> </table>	3.65																			
3.65																					
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 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.25411 Date of Disbursement																				
Mailing Address 1038 Kingsland Lane	<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>6</td><td></td><td>0</td><td>4</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	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll	<table border="1"> <tr> <td colspan="10">1280.68</td> </tr> </table>	1280.68																			
1280.68																					
Candidate Name	<table border="1"> <tr> <td>001</td> </tr> </table> Category/ Type	001																			
001																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1739.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Karen Pichkhadze	Transaction ID: SB21B.25419 Date of Disbursement																				
Mailing Address 1038 Kingsland Lane	<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>6</td><td></td><td>1</td><td>9</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	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll Candidate Name	<table border="1"> <tr> <td colspan="10">1243.89</td> </tr> </table>	1243.89																			
1243.89																					
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) ▼																				
Category/Type: 001																					
B. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.26097 Date of Disbursement																				
Mailing Address 461-469 West St	<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>6</td><td></td><td>0</td><td>5</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	6		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	5		2	0	0	9												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement printing-mission expenses Candidate Name	<table border="1"> <tr> <td colspan="10">4419.31</td> </tr> </table>	4419.31																			
4419.31																					
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) ▼																				
Category/Type: 001	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.26098 Date of Disbursement																				
Mailing Address 461-469 West St	<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>6</td><td></td><td>1</td><td>9</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	6		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	9		2	0	0	9												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement supplies for mission Candidate Name	<table border="1"> <tr> <td colspan="10">604.11</td> </tr> </table>	604.11																			
604.11																					
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) ▼																				
Category/Type: 001	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

1243.89

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
mission expenses

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.25357

Date of Disbursement

06 / 05 / 2009

Amount of Each Disbursement this Period

4419.31

B.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.25462

Date of Disbursement

06 / 19 / 2009

Amount of Each Disbursement this Period

604.11

C.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
merchant fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.25429

Date of Disbursement

06 / 30 / 2009

Amount of Each Disbursement this Period

664.99

SUBTOTAL of Disbursements This Page (optional)

5688.41

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address PO Box 17120

City Tucson State AZ Zip Code 85731

Purpose of Disbursement
cell phone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.25358

Date of Disbursement

06 / 05 / 2009

Amount of Each Disbursement this Period

166.98

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 phone

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.25402

Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

330.91

SUBTOTAL of Disbursements This Page (optional)

497.89

TOTAL This Period (last page this line number only)

45160.83

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
earmark-rob gottesman

Candidate Name
EVAN BAYH

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.24908

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
earmark-esther chouake

Candidate Name
EVAN BAYH

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.25330

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)
EVAN BAYH

Mailing Address 10 W MARKET SUITE 2000

City INDIANAPOLIS State IN Zip Code 46204

Purpose of Disbursement
earmark-esther chouake

Candidate Name
EVAN BAYH

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: SB23.25329

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Berman for Congress

Mailing Address 8665 Wilshire Blvd.

City State Zip Code
Beverly Hills CA 90211

Purpose of Disbursement
norpac donation

Candidate Name
SHELLEY BERKLEY

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.25313

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

4000.00

B.

Full Name (Last, First, Middle Initial)
Berman for Congress

Mailing Address 8665 Wilshire Blvd.

City State Zip Code
Beverly Hills CA 90211

Purpose of Disbursement
earmark donations for berman

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.25315

Date of Disbursement

06 / 25 / 2009

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)
Berman for Congress

Mailing Address 8665 Wilshire Blvd.

City State Zip Code
Beverly Hills CA 90211

Purpose of Disbursement
earmark donations-rosen's, ye, wang, hassan

Candidate Name
SHELLEY BERKLEY

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 01

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.25381

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

9500.00

SUBTOTAL of Disbursements This Page (optional)

17500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Jim Bunning	Transaction ID: SB23.25296 Date of Disbursement
Mailing Address 1717 Dixie Hwy ste 220	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 9</div> </div>
City State Zip Code Ft. Wright KY 41011	Amount of Each Disbursement this Period
Purpose of Disbursement Norpac donation Candidate Name Jim Bunning	<div> <div>5000.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Jim Bunning	Transaction ID: SB23.25297 Date of Disbursement
Mailing Address 1717 Dixie Hwy ste 220	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 0 / 2 0 0 9</div> </div>
City State Zip Code Ft. Wright KY 41011	Amount of Each Disbursement this Period
Purpose of Disbursement earmarked donations for Bunning Candidate Name Jim Bunning	<div> <div>15600.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Jim Bunning	Transaction ID: SB23.25366 Date of Disbursement
Mailing Address 1717 Dixie Hwy ste 220	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 7 / 2 0 0 9</div> </div>
City State Zip Code Ft. Wright KY 41011	Amount of Each Disbursement this Period
Purpose of Disbursement earmark-kozak, krinick, blinder Candidate Name Jim Bunning	<div> <div>1680.00</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

22280.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Jim Bunning

Mailing Address 1717 Dixie Hwy ste 220

City
Ft. Wright

State
KY

Zip Code
41011

Purpose of Disbursement
earmark-gontownik/muschel

Candidate Name
Jim Bunning

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: SB23.25365

Date of Disbursement

/ /

Amount of Each Disbursement this Period

860.00

B.

Full Name (Last, First, Middle Initial)

DANNY L BURTON

Mailing Address 12141 E 79TH ST

City
INDPLS

State
IN

Zip Code
46236

Purpose of Disbursement
earmark-allen freidman

Candidate Name
DANNY L BURTON

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 05

Transaction ID: SB23.24881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DANNY L BURTON

Mailing Address 12141 E 79TH ST

City
INDPLS

State
IN

Zip Code
46236

Purpose of Disbursement
earmark-chouake/lebovics

Candidate Name
DANNY L BURTON

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 05

Transaction ID: SB23.25331

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

3360.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) EricPac</p> <p>Mailing Address 25 E. Main St. 200</p> <p>City richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement conduit-jacobs</p> <p>Candidate Name EricPac</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.25459</p> <p>Date of Disbursement <div> <div>06</div> <div>01</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>250.00</div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) EricPac</p> <p>Mailing Address 25 E. Main St. 200</p> <p>City richmond State VA Zip Code 23219</p> <p>Purpose of Disbursement earmark donations</p> <p>Candidate Name EricPac</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: VA District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.25408</p> <p>Date of Disbursement <div> <div>06</div> <div>04</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>25535.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Evan Bayh Committee</p> <p>Mailing Address 10 West Market St. Suite 2100</p> <p>City Indianapolis State IN Zip Code 46204</p> <p>Purpose of Disbursement replacement check</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: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.25456</p> <p>Date of Disbursement <div> <div>06</div> <div>26</div> <div>2009</div> </div> </p> <p>Amount of Each Disbursement this Period <div>13750.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

39285.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: SB23.25327 Date of Disbursement																				
Mailing Address 116 Princeton	<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>6</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	6		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	9												
City Las Vegas State NV Zip Code 89107	Amount of Each Disbursement this Period																				
Purpose of Disbursement earmark-gottesman/stern/chouake	<table border="1"> <tr> <td>1300.00</td> </tr> </table>	1300.00																			
1300.00																					
Candidate Name FRIENDS FOR HARRY REID	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV 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) Friends for Harry Reid	Transaction ID: SB23.25328 Date of Disbursement																				
Mailing Address 116 Princeton	<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>6</td><td></td><td>1</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	6		1	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	2		2	0	0	9												
City Las Vegas State NV Zip Code 89107	Amount of Each Disbursement this Period																				
Purpose of Disbursement earmark-muss	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name FRIENDS FOR HARRY REID	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV 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) Friends of Blanche Lincoln	Transaction ID: SB23.25299 Date of Disbursement																				
Mailing Address 303 massachusetts ave 3rd fl	<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>6</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	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City washington State DC Zip Code 20002	Amount of Each Disbursement this Period																				
Purpose of Disbursement norpac donation	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Friends of Blanche Lincoln	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

NAME OF COMMITTEE (In Full)
NORPAC

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement
earmark-amy albalah

Candidate Name
GARRETT FOR CONGRESS

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 05

Transaction ID: SB23.25393

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
NORPAC

Mailing Address PO Box 5595

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
bunning donation-norpac

Candidate Name
Jim Bunning

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District:

Transaction ID: SB23.25298

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1860.00

SUBTOTAL of Disbursements This Page (optional)

2860.00

TOTAL This Period (last page this line number only)

102035.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☒ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Leon Kozak

Mailing Address 280 Jones Rd.

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
mission reimb-driver tips
Candidate Name

Category/
Type

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

Transaction ID: SB28A.25350
Date of Disbursement

/ /

Amount of Each Disbursement this Period

260.00

B.

Full Name (Last, First, Middle Initial)
Karen Pichkhadze

Mailing Address 1038 Kingsland Lane

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
reimb-postal (below itemization threshold)
Candidate Name

Category/
Type

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

Transaction ID: SB28A.25351
Date of Disbursement

/ /

Amount of Each Disbursement this Period

16.62

C.

Full Name (Last, First, Middle Initial)
Postmaster, Englewood Annex

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage
Candidate Name

Category/
Type

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

Transaction ID: SB28A.26095
Date of Disbursement

/ /

Amount of Each Disbursement this Period

16.62

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

276.62

TOTAL This Period (last page this line number only)

276.62

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

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

Cliffside Park medical

Mailing Address 663 Palisade Ave

City State Zip Code
Cliffside Park NJ 07010

Purpose of Disbursement
rent/utilities for Norpac office (Jan 09-June 09)

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25342

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2009

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Cliffside Park medical

Mailing Address 663 Palisade Ave

City State Zip Code
Cliffside Park NJ 07010

Purpose of Disbursement
rent/utilities for norpac office (july09-dec09)

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB29.25343

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2009

Amount of Each Disbursement this Period

300.00

SUBTOTAL of Disbursements This Page (optional)

600.00

TOTAL This Period (last page this line number only)

600.00