

**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 ZIPCODE

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 04 01 2006 through 04 30 2006

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 Kevin Lemmer

Signature of Treasurer Electronically Filed by Kevin Lemmer Date 05 19 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
NORPAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 6 | | 382299.00 |
| Y | Y | Y | Y | | | | | | | |
| 2 | 0 | 0 | 6 | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | 409274.86 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 23767.10 | 92937.43 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 433041.96 | 475236.43 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 26226.25 | 68420.72 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 406815.71 | 406815.71 | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NORPAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | 10989.80 | 61133.55 |
| (i) Itemized (use Schedule A) | 12055.00 | 29004.00 |
| (ii) Unitemized | 23044.80 | 90137.55 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) | 23044.80 | 90137.55 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 130.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 722.30 | 2669.88 |
| 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)) | 23767.10 | 92937.43 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 23767.10 | 92937.43 |

DETAILED SUMMARY PAGE

of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 25076.25 | 43245.72 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... | 25076.25 | 43245.72 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 1000.00 | 24000.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 150.00 | 1175.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 150.00 | 1175.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 26226.25 | 68420.72 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 26226.25 | 68420.72 |

DETAILED SUMMARY PAGE
of Disbursements

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3 | 23044.80 | 90137.55 |
| 34. Total Contribution Refunds (from Line 28(d)) | 150.00 | 1175.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 22894.80 | 88962.55 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 25076.25 | 43245.72 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 130.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 25076.25 | 43115.72 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Jonathan Art | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 50 E 89th St | | Transaction ID: SA11A1.15521 |
| City State Zip Code New York NY 10128 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | check to Chris Smith | |
| Name of Employer Occupation Federated Kaufmann Fund Best Efforts Used to Obtain | [MEMO ITEM] | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Barry Badner | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 261 Robin Rd. | | Transaction ID: SA11A1.15534 |
| City State Zip Code Englewood NJ 07631 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | check to Chris Smith | |
| Name of Employer Occupation Zehar and Badner Mgmt Consultant | [MEMO ITEM] | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Laurie Baumel | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 |
| Mailing Address 797 Winthrop Rd. | | Transaction ID: SA11A1.15499 |
| City State Zip Code Teaneck NJ 07666 | Amount of Each Receipt this Period 90.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation none Housewife | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 290.00 | |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 90.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
Michael Blumenthal

Mailing Address 139 Huguenot Ave.

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15559

Amount of Each Receipt this Period
 150.00

check to Chris Smith

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Keith Breiman

Mailing Address 278 Churchill Rd.

City Teaneck State NJ Zip Code 07666

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

Name of Employer Montclair Pub Sch Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.15428

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Bruce Bukiet

Mailing Address 45 Woodland Ave.

City West Orange State NJ Zip Code 07052

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

Name of Employer NJIT Occupation professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15444

Amount of Each Receipt this Period
 240.00

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 490.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Andrew Cohen | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6 | |
| Mailing Address 76 Troy Dr | | Transaction ID: SA11A1.15506 | |
| City State Zip Code Short Hills NJ 07078 | Amount of Each Receipt this Period 150.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Rock Properties | Occupation Real Estate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Mark Druck | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 650 Palmer Ave. | | Transaction ID: SA11A1.15520 | |
| City State Zip Code Teaneck NJ 07666 | Amount of Each Receipt this Period 500.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Physician | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

check to Chris Smith
[MEMO ITEM]

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Victoria Feder | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 105 Hudson St | | Transaction ID: SA11A1.15525 | |
| City State Zip Code New York NY 10013 | Amount of Each Receipt this Period 200.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer none | Occupation homemaker | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

check to Chris Smith
[MEMO ITEM]

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 150.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|--|------------------------------------|--|
| A. Full Name (Last, First, Middle Initial) richard finkel Mailing Address 715 Winthrop Rd. City Teaneck State NJ Zip Code 07666 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.15421 Amount of Each Receipt this Period 325.00 |
| Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | |

| | | |
|--|------------------------------------|--|
| B. Full Name (Last, First, Middle Initial) David Foni Mailing Address 266 Arch Rd. City Englewood State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.15418 Amount of Each Receipt this Period 200.00 |
| Name of Employer Self Occupation Engineer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 450.00 | |

| | | |
|---|------------------------------------|---|
| C. Full Name (Last, First, Middle Initial) Esther Fridman Mailing Address 826 Winthrop Rd City Teaneck State NJ Zip Code 07666 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 0 6 Transaction ID: SA11A1.15465 Amount of Each Receipt this Period 90.00 |
| Name of Employer none Occupation housewife Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 290.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 615.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
Michael Gartenberg

Mailing Address 297 Ogden Ave.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Jupitermedia corp. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.15378

Amount of Each Receipt this Period
350.00

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

Mailing Address 250 Mountain Rd.

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
none homemaker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.15364

Amount of Each Receipt this Period
35.00

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

Mailing Address 473 Winthrop Rd.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Columbia University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15519

Amount of Each Receipt this Period
500.00

check to Chris Smith

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **385.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

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

Mailing Address 285 Sunset Avenue

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation CPA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15524

Amount of Each Receipt this Period
 250.00

check to Chris Smith

[MEMO ITEM]

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

Mailing Address 240 Maple St.

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Venture Capitalist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.15461

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Reuben E. Gross

Mailing Address 1299 Wellington Ave.

City Teaneck State NJ Zip Code 07666

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

Name of Employer Self Occupation Psychologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 7 / 2 0 0 6

Transaction ID: SA11A1.15472

Amount of Each Receipt this Period
 1000.00

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Marc Hanfling | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6 |
| Mailing Address 47 Leslie St. | | Transaction ID: SA11A1.15476 |
| City Edison State NJ Zip Code 08817 | Amount of Each Receipt this Period 150.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer self Occupation physician | Aggregate Year-to-Date ▼ 275.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Mark Helbraun | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 0 6 |
| Mailing Address 65 Morrison St. | | Transaction ID: SA11A1.15360 |
| City Closter State NJ Zip Code 07624 | Amount of Each Receipt this Period 625.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Physician | Aggregate Year-to-Date ▼ 625.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Mark Helbraun | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 65 Morrison St. | | Transaction ID: SA11A1.15518 |
| City Closter State NJ Zip Code 07624 | Amount of Each Receipt this Period 500.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Physician | Aggregate Year-to-Date ▼ .00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | check to Chris Smith [MEMO ITEM] |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 775.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. Kenneth Hoffman | | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 4 / 2 0 0 6 |
| Mailing Address 637 N. Forest Dr. | | Transaction ID: SA11A1.15483 |
| City State Zip Code Teaneck NJ 07666 | Amount of Each Receipt this Period 90.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Lehman Brothers | Occupation Stock Broker | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 215.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Seymour Jotkowitz | | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 484 Kensington Road | | Transaction ID: SA11A1.15529 |
| City State Zip Code Teaneck NJ 07666 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | check to Chris Smith |
| Name of Employer S. Jotkowitz, M.D., P.A. | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

[MEMO ITEM]

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Robert Kreitman | | Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 0 5 / 2 0 0 6 |
| Mailing Address 22 Marshall Drive | | Transaction ID: SA11A1.15449 |
| City State Zip Code Edison NJ 08817 | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self | Occupation Lawyer | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 390.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|---|---|
| A. Full Name (Last, First, Middle Initial) Daniel Levin | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 0 6 |
| Mailing Address 1274 Hastings | | Transaction ID: SA11A1.15490 |
| City State Zip Code Teaneck NJ 07666 | Amount of Each Receipt this Period 90.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation MD | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 290.00 | |

| | | |
|---|---|---|
| B. Full Name (Last, First, Middle Initial) Belda Lindenbaum | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 1080 Nine Acres Ln | | Transaction ID: SA11A1.15512 |
| City State Zip Code Mamaroneck NY 10543 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Occupation Retired | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | check to Chris Smith [MEMO ITEM] |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Bennett Lindenbaum | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 2373 Broadway #1706 | | Transaction ID: SA11A1.15530 |
| City State Zip Code New York NY 10024 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Basswood Partners, LLC Occupation hedge fund manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | check to Chris Smith [MEMO ITEM] |

| | |
|--|-------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 90.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Matthew Lindenbaum | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 131 E 92 St | | Transaction ID: SA11A1.15528 |
| City State Zip Code New York NY 10128 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | check to Chris Smith | |
| Name of Employer Basswood partners LLC Occupation hedge fund manager | [MEMO ITEM] | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Nathan J. Lindenbaum | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 464 Winthrop Rd. | | Transaction ID: SA11A1.15527 |
| City State Zip Code Teaneck NJ 07666 | Amount of Each Receipt this Period 200.00 | |
| FEC ID number of contributing federal political committee. C | check to Chris Smimth | |
| Name of Employer MGS Corp. Occupation Executive | [MEMO ITEM] | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Richard Lobel | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 |
| Mailing Address 53 Walnut Court | | Transaction ID: SA11A1.15435 |
| City State Zip Code Englewood NJ 07631 | Amount of Each Receipt this Period 275.00 | |
| FEC ID number of contributing federal political committee. C | | |
| Name of Employer Self Occupation Systems | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 375.00 | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 275.00 |
| TOTAL This Period (last page this line number only) ▶ | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
Joseph Mark

Mailing Address 166 Norma Road

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Hambro America Inc. Investment Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
.....00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15517

Amount of Each Receipt this Period
.....500.00

check to Chris Smith

[MEMO ITEM]

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

Mailing Address 166 Norma Road

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Hambro America Inc. Investment Banker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
.....2740.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 6

Transaction ID: SA11A1.15491

Amount of Each Receipt this Period
.....2740.00

C. Full Name (Last, First, Middle Initial)
Samuel Moed

Mailing Address 54 Dana Place

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
Bristol Myers Squibb Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
.....400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 2 / 2 0 0 6

Transaction ID: SA11A1.15365

Amount of Each Receipt this Period
.....400.00

| | | |
|--|---|----------------------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 3140.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|--|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | PAGE 17 / 39 |
|--|--|--------------|

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|--|--|---|
| A. Full Name (Last, First, Middle Initial) Daniel Mondrow Mailing Address 280 Main St. City State Zip Code Metuchen NJ 08840 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 Transaction ID: SA11A1.15388 Amount of Each Receipt this Period 250.00 |
| Name of Employer self Occupation physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Henry Nadler Mailing Address 231 Hutchinson Rd. City State Zip Code Englewood NJ 07631 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: SA11A1.15441 Amount of Each Receipt this Period 375.00 |
| Name of Employer Self Occupation Business Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00 | | |

| | | |
|---|--|---|
| C. Full Name (Last, First, Middle Initial) Avi Naiman Mailing Address 100 Old Palisade Road #3505 City State Zip Code Fort Lee NJ 07024 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: SA11A1.15523 Amount of Each Receipt this Period 250.00 |
| Name of Employer self Occupation management consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00 | | check to Chris Smith [MEMO ITEM] |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 625.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Howard Noveck | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 0 6 | |
| Mailing Address 3 Van Hise Court | | Transaction ID: SA11A1.15447 | |
| City East Brunswick | State NJ | Zip Code 08816 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation MD | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 300.00 | | |

| | | | |
|---|----------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Stephen Paul | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 61 Howell Dr. | | Transaction ID: SA11A1.15526 | |
| City West Orange | State NJ | Zip Code 07052 | Amount of Each Receipt this Period 200.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Princeton U | Occupation Research Physicist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |
| | | check to Chris Smith [MEMO ITEM] | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Marvin Rosen | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 547 South Forest Drive | | Transaction ID: SA11A1.15439 | |
| City Teaneck | State NJ | Zip Code 07666 | Amount of Each Receipt this Period 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Rabbi | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) | 550.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

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

Mailing Address 507 Forest Avenue

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15438

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ronald Rubin

Mailing Address 3530 Henry Hudson Pkwy Apt 3J

City State Zip Code
Bronx NY 10463

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

Name of Employer CUNY Occupation Educator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.15404

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Abraham Schlusssel

Mailing Address 1512 Palisade Ave Apt. 7J

City State Zip Code
Ft. Lee NJ 07024

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

Name of Employer Electician, Inc. Occupation Electrical Engineer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15515

Amount of Each Receipt this Period
500.00

check to Chris Smith

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--|---|
| A. Full Name (Last, First, Middle Initial) David Schlussek Mailing Address 860 Prince St. City State Zip Code Teaneck NJ 07666 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: SA11A1.15511 Amount of Each Receipt this Period 1000.00 check to Chris Smith [MEMO ITEM] |
| Name of Employer Key Properties Occupation Real Estate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00 | | |

| | | |
|---|--|--|
| B. Full Name (Last, First, Middle Initial) Marc Schlussek Mailing Address 695 Grange Road City State Zip Code Teaneck NJ 07666 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 Transaction ID: SA11A1.15516 Amount of Each Receipt this Period 500.00 check to Chris Smith [MEMO ITEM] |
| Name of Employer Key Properties Occupation Real Estate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00 | | |

| | | |
|--|--|--|
| C. Full Name (Last, First, Middle Initial) Rena Schlussek Mailing Address 860 Prince Street City State Zip Code Teaneck NJ 07666 FEC ID number of contributing federal political committee. C | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 6 / 2 0 0 6 Transaction ID: SA11A1.15486 Amount of Each Receipt this Period 240.00 |
| Name of Employer Self Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00 | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 240.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|--|---|--------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 / 39 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 | |
| | <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. Neill Serman | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6 | |
| Mailing Address 750 Kappock St Apt 108 | | Transaction ID: SA11A1.15470 | |
| City State Zip Code Riverdale NY 10463 | Amount of Each Receipt this Period 250.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Self | Occupation Dentist | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Judy Sokolow | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 | |
| Mailing Address 11 Riverside Dr | | Transaction ID: SA11A1.15394 | |
| City State Zip Code New York NY 10023 | Amount of Each Receipt this Period 275.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Ramaz Middle School | Occupation Director of Student Edu Programing | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 275.00 | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Tammy Spielman | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 | |
| Mailing Address 405 Eastwood Court | | Transaction ID: SA11A1.15495 | |
| City State Zip Code Englewood NJ 07631 | Amount of Each Receipt this Period 240.00 | | |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer IRX Therapeutics, Inc. | Occupation Controller | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 765.00 |
| TOTAL This Period (last page this line number only) ▶ | |

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

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 / 39 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | | <input type="checkbox"/> 15 |
| | | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
Abigail Tambor

Mailing Address 115 86 St

City State Zip Code
New York NY 11028

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

Name of Employer none Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15531

Amount of Each Receipt this Period
200.00

check to Chris Smith

[MEMO ITEM]

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

Mailing Address 11 Anthony Ave.

City State Zip Code
Edison NJ 08820

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

Name of Employer James St. Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2884.80

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 0 6

Transaction ID: SA11A1.15509

Amount of Each Receipt this Period
84.80

In-kind - educational materials for 200

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

Mailing Address 11 Anthony Ave.

City State Zip Code
Edison NJ 08820

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

Name of Employer none Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.15514

Amount of Each Receipt this Period
500.00

check to Chris Smith

[MEMO ITEM]

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 84.80 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

| | | |
|--|------------------------------|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 23 / 39 |
| | (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) Sheldon Zelig | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6 | |
| Mailing Address 175 Maple St. | | Transaction ID: SA11A1.15390 | |
| City Englewood | State NJ | Amount of Each Receipt this Period 325.00 | |
| Zip Code 07631 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer self | Occupation attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 325.00 | | |

| | | | |
|---|---------------------------------|---|--|
| B. Full Name (Last, First, Middle Initial) Sheldon Zelig | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 175 Maple St. | | Transaction ID: SA11A1.15532 | |
| City Englewood | State NJ | Amount of Each Receipt this Period 180.00 | |
| Zip Code 07631 | | FEC ID number of contributing federal political committee. C | |
| Name of Employer self | Occupation attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

check to Chris Smith

[MEMO ITEM]

| | |
|--|----------|
| SUBTOTAL of Receipts This Page (optional) | 325.00 |
| TOTAL This Period (last page this line number only) | 10989.80 |

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

| | |
|--|--|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 39 |
| | (check only one) |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input checked="" type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Valley National Bank | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 |
| Mailing Address 1445 Valley Rd | | Transaction ID: SA17.15319 |
| City State Zip Code Wayne NJ 07470 | Amount of Each Receipt this Period 9.84 | |
| FEC ID number of contributing federal political committee. C | credit card interest income | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 1957.42 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Valley National Bank | | Date of Receipt M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 |
| Mailing Address 1445 Valley Rd | | Transaction ID: SA17.15320 |
| City State Zip Code Wayne NJ 07470 | Amount of Each Receipt this Period 712.46 | |
| FEC ID number of contributing federal political committee. C | sweep account interest income | |
| Name of Employer Occupation | Aggregate Year-to-Date ▼ 2669.88 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 722.30 |
| TOTAL This Period (last page this line number only) ▶ | 722.30 |

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 25 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. ADP Benefit Services | | Transaction ID: SB21B.15332 | |
| Mailing Address 4900 University Ave - MS14 | | Date of Disbursement MM / DD / YYYY 04 / 10 / 2006 | |
| City West Des Moines | State IA | Zip Code 50266 | Amount of Each Disbursement this Period 343.27 |
| Purpose of Disbursement health insur - Joel Davidson | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Coach USA | | Transaction ID: SB21B.15336 | |
| Mailing Address 160 South Rt 17 North | | Date of Disbursement MM / DD / YYYY 04 / 12 / 2006 | |
| City Paramus | State NJ | Zip Code 07652 | Amount of Each Disbursement this Period 12395.00 |
| Purpose of Disbursement Buses rented for May trip to DC | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Congressional Handbook | | Transaction ID: SB21B.15330 | |
| Mailing Address P.O Box 333 | | Date of Disbursement MM / DD / YYYY 04 / 10 / 2006 | |
| City Boyds | State MD | Zip Code 20841 | Amount of Each Disbursement this Period 1282.96 |
| Purpose of Disbursement Cong Handbooks for Mission participants | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 14021.23 |
| 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 26 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) A. Joel Davidson | | Transaction ID: SB21B.15321 Date of Disbursement 04 / 05 / 2006 | |
| Mailing Address 25 Ellen Drive | | Amount of Each Disbursement this Period 135.10 | |
| City Rockaway | State NJ | Zip Code 07866 | |
| Purpose of Disbursement travel reimbursement | | Category/ Type | |
| 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) ▼ | |

| | | | |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) B. Joel Davidson | | Transaction ID: SB21B.15322 Date of Disbursement 04 / 05 / 2006 | |
| Mailing Address 25 Ellen Drive | | Amount of Each Disbursement this Period 78.00 | |
| City Rockaway | State NJ | Zip Code 07866 | |
| Purpose of Disbursement postage reimbursement | | Category/ Type | |
| 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) ▼ | |

| | | | |
|--|-------------|---|--|
| Full Name (Last, First, Middle Initial) C. Joel Davidson | | Transaction ID: SB21B.15323 Date of Disbursement 04 / 05 / 2006 | |
| Mailing Address 25 Ellen Drive | | Amount of Each Disbursement this Period 114.60 | |
| City Rockaway | State NJ | Zip Code 07866 | |
| Purpose of Disbursement Administrative / supplies reimbursement | | Category/ Type | |
| 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) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 327.70 |
| 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 27 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Liberty Mutual Group | | Transaction ID: SB21B.15333 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 |
| Mailing Address PO Box 8400 | | Amount of Each Disbursement this Period 1000.00 |
| City Dover State NH Zip Code 03821 | Purpose of Disbursement reimburse travel insurance Joel Davidson 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) ▼ | Category/Type |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Monsey Tours | | Transaction ID: SB21B.15561 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 6 |
| Mailing Address 8 Washington Ave. | | Amount of Each Disbursement this Period 1747.35 |
| City Spring Valley State NY Zip Code 10977 | Purpose of Disbursement Bus for May Mission to Washington 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) ▼ | Category/Type 002 |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Paychex | | Transaction ID: SB21B.15324 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 6 / 2 0 0 6 |
| Mailing Address 1551 S. Washington Ave. | | Amount of Each Disbursement this Period 1259.33 |
| City Piscataway State NJ Zip Code 08854 | Purpose of Disbursement payroll - Joel Davidson 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) ▼ | Category/Type |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 4006.68 |
| 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 28 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex | | Transaction ID: SB21B.15325 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 0 6 |
| Mailing Address 1551 S. Washington Ave. | | Amount of Each Disbursement this Period 532.93 |
| City Piscataway State NJ Zip Code 08854 | Purpose of Disbursement payroll taxes Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Paychex | | Transaction ID: SB21B.15335 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6 |
| Mailing Address 1551 S. Washington Ave. | | Amount of Each Disbursement this Period 96.06 |
| City Piscataway State NJ Zip Code 08854 | Purpose of Disbursement invoice Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Paychex | | Transaction ID: SB21B.15341 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6 |
| Mailing Address 1551 S. Washington Ave. | | Amount of Each Disbursement this Period 118.26 |
| City Piscataway State NJ Zip Code 08854 | Purpose of Disbursement payroll taxes Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 747.25 |
| 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)

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex | | Transaction ID: SB21B.15342 | |
| Mailing Address 1551 S. Washington Ave. | | Date of Disbursement 04 / 21 / 2006 | |
| City Piscataway | State NJ | Zip Code 08854 | Amount of Each Disbursement this Period 1132.01 |
| Purpose of Disbursement payroll - Joel Davidson | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) B. Paychex | | Transaction ID: SB21B.15343 | |
| Mailing Address 1551 S. Washington Ave. | | Date of Disbursement 04 / 21 / 2006 | |
| City Piscataway | State NJ | Zip Code 08854 | Amount of Each Disbursement this Period 446.90 |
| Purpose of Disbursement payroll taxes | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) C. Paychex | | Transaction ID: SB21B.15344 | |
| Mailing Address 1551 S. Washington Ave. | | Date of Disbursement 04 / 21 / 2006 | |
| City Piscataway | State NJ | Zip Code 08854 | Amount of Each Disbursement this Period 493.58 |
| Purpose of Disbursement payroll - Prina Massoth | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 2072.49 |
| 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 30 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex | | Transaction ID: SB21B.15345 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 0 6 |
| Mailing Address 1551 S. Washington Ave. | | Amount of Each Disbursement this Period 0.06 |
| City Piscataway State NJ Zip Code 08854 | | |
| Purpose of Disbursement taxes Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. paypal | | Transaction ID: SB21B.15317 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 6 |
| Mailing Address PO Box 45950 | | Amount of Each Disbursement this Period 437.26 |
| City Omaha State NE Zip Code 68145 | | |
| Purpose of Disbursement service fee Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. Suburban Transit | | Transaction ID: SB21B.15337 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6 |
| Mailing Address 750 Somerset Street | | Amount of Each Disbursement this Period 2800.00 |
| City New Brunswick State NJ Zip Code 08901 | | |
| Purpose of Disbursement Buses rented for May trip to DC Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3237.32 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 31 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|---|--|--|---|
| Full Name (Last, First, Middle Initial) A. Valley National Bank | | Transaction ID: SB21B.15318 | |
| Mailing Address 1445 Valley Rd | | Date of Disbursement 04 / 30 / 2006 | |
| City Wayne | State NJ | Zip Code 07470 | Amount of Each Disbursement this Period 461.05 |
| Purpose of Disbursement credit card processing fee | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional) | 461.05 |
| TOTAL This Period (last page this line number only) | 24873.72 |

**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 32 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|--|---|--|--------------------------|
| Full Name (Last, First, Middle Initial) A. CHRISTOPHER H SMITH | | Transaction ID: SB23.15535 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 1000.00 | |
| City ROEBLING State NJ Zip Code 08554 | Purpose of Disbursement check from David Schluskel Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type 011 |
| | | [MEMO ITEM] | |

| | | | |
|--|--|--|--------------------------|
| Full Name (Last, First, Middle Initial) B. CHRISTOPHER H SMITH | | Transaction ID: SB23.15536 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 1000.00 | |
| City ROEBLING State NJ Zip Code 08554 | Purpose of Disbursement check from Belda Lindenbaum Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type 011 |
| | | [MEMO ITEM] | |

| | | | |
|--|---|--|--------------------------|
| Full Name (Last, First, Middle Initial) C. CHRISTOPHER H SMITH | | Transaction ID: SB23.15537 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 500.00 | |
| City ROEBLING State NJ Zip Code 08554 | Purpose of Disbursement check from Karen Weinstein Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Category/ Type 011 |
| | | [MEMO ITEM] | |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRISTOPHER H SMITH | | Transaction ID: SB23.15538 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | 011 Category/Type | |
| Purpose of Disbursement check from Abraham Schluskel | | |
| Candidate Name CHRISTOPHER H SMITH | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CHRISTOPHER H SMITH | | Transaction ID: SB23.15539 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | 011 Category/Type | |
| Purpose of Disbursement check from Marc Schluskel | | |
| Candidate Name CHRISTOPHER H SMITH | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHRISTOPHER H SMITH | | Transaction ID: SB23.15540 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | 011 Category/Type | |
| Purpose of Disbursement check from Joseph Mark | | |
| Candidate Name CHRISTOPHER H SMITH | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRISTOPHER H SMITH | | Transaction ID: SB23.15541 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | | |
| Purpose of Disbursement check from Mark Helbraun Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 011 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. CHRISTOPHER H SMITH | | Transaction ID: SB23.15543 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | | |
| Purpose of Disbursement check from Robert Goodman Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 011 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. CHRISTOPHER H SMITH | | Transaction ID: SB23.15544 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | | |
| Purpose of Disbursement check from Mark Druck Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 011 | | |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 35 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) A. CHRISTOPHER H SMITH | | Transaction ID: SB23.15545 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | | |
| Purpose of Disbursement check from Jonathan Art Candidate Name CHRISTOPHER H SMITH | 011 Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) B. CHRISTOPHER H SMITH | | Transaction ID: SB23.15546 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 250.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | | |
| Purpose of Disbursement check from Avi Naiman Candidate Name CHRISTOPHER H SMITH | 011 Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--------------------------|--|
| Full Name (Last, First, Middle Initial) C. CHRISTOPHER H SMITH | | Transaction ID: SB23.15547 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 250.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | | |
| Purpose of Disbursement check from Robert Gottesman Candidate Name CHRISTOPHER H SMITH | 011 Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

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|--|-------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 0.00 |
| TOTAL This Period (last page this line number only) ▶ | _____ |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 36 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) A. CHRISTOPHER H SMITH | | Transaction ID: SB23.15548 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 200.00 | |
| City ROEBLING State NJ Zip Code 08554 | Purpose of Disbursement check from Victoria Feder Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type [MEMO ITEM] |

| | | | |
|--|--|--|---|
| Full Name (Last, First, Middle Initial) B. CHRISTOPHER H SMITH | | Transaction ID: SB23.15549 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 200.00 | |
| City ROEBLING State NJ Zip Code 08554 | Purpose of Disbursement check from Stephen Paul Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type [MEMO ITEM] |

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) C. CHRISTOPHER H SMITH | | Transaction ID: SB23.15550 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 | |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 200.00 | |
| City ROEBLING State NJ Zip Code 08554 | Purpose of Disbursement check from Nathan Lindenbaum Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type [MEMO ITEM] |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRISTOPHER H SMITH | | Transaction ID: SB23.15551 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 200.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | | |
| Purpose of Disbursement check from Matthew Lindenbaum | 011 Category/Type | |
| Candidate Name CHRISTOPHER H SMITH | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CHRISTOPHER H SMITH | | Transaction ID: SB23.15552 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 200.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | | |
| Purpose of Disbursement check from Seymour Jotkowitz | 011 Category/Type | |
| Candidate Name CHRISTOPHER H SMITH | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. CHRISTOPHER H SMITH | | Transaction ID: SB23.15553 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 200.00 [MEMO ITEM] |
| City ROEBLING State NJ Zip Code 08554 | | |
| Purpose of Disbursement check from Bennett Lindenbaum | 011 Category/Type | |
| Candidate Name CHRISTOPHER H SMITH | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 38 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. CHRISTOPHER H SMITH | | Transaction ID: SB23.15554 Date of Disbursement 04 / 04 / 2006 | |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 200.00 | |
| City ROEBLING State NJ Zip Code 08554 | Purpose of Disbursement check from Abigail Tambor Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type [MEMO ITEM] |

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) B. CHRISTOPHER H SMITH | | Transaction ID: SB23.15555 Date of Disbursement 04 / 04 / 2006 | |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 180.00 | |
| City ROEBLING State NJ Zip Code 08554 | Purpose of Disbursement check from Sheldon Zelig Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type [MEMO ITEM] |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) C. CHRISTOPHER H SMITH | | Transaction ID: SB23.15556 Date of Disbursement 04 / 04 / 2006 | |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 150.00 | |
| City ROEBLING State NJ Zip Code 08554 | Purpose of Disbursement check from Michael Blumenthal Candidate Name CHRISTOPHER H SMITH Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 011 Category/ Type [MEMO ITEM] |

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 39 / 39

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

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NAME OF COMMITTEE (In Full)
NORPAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. CHRISTOPHER H SMITH | | Transaction ID: SB23.15557 Date of Disbursement 04 / 04 / 2006 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 150.00 |
| City ROEBLING State NJ Zip Code 08554 | 011 Category/Type | |
| Purpose of Disbursement check from Barry Badner Candidate Name CHRISTOPHER H SMITH | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CHRISTOPHER H SMITH | | Transaction ID: SB23.15346 Date of Disbursement 04 / 05 / 2006 |
| Mailing Address 59 SECOND AVENUE | | Amount of Each Disbursement this Period 1000.00 |
| City ROEBLING State NJ Zip Code 08554 | 011 Category/Type | |
| Purpose of Disbursement check from NORPAC Candidate Name CHRISTOPHER H SMITH | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 04 | Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | 1000.00 |