

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 NORPAC

ADDRESS (number and street) PO Box 1543 Englewood Cliffs NJ 07632

2. FEC IDENTIFICATION NUMBER C C00247403 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20 (M2) X, May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE). (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S). (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S).

5. Covering Period 01 / 01 / 2015 through 01 / 31 / 2015

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 Mr Josef Schranz

Signature of Treasurer Mr Josef Schranz [Electronically Filed] Date 04 / 15 / 2015

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

Office Use Only table with 10 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**NORPAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		<input type="text" value="278673.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="278673.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="18663.32"/>	<input type="text" value="18663.32"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="297336.45"/>	<input type="text" value="297336.45"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14768.17"/>	<input type="text" value="14768.17"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="282568.28"/>	<input type="text" value="282568.28"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

## DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**NORPAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2015 To: M M / D D / Y Y Y Y 01 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18643.00	18643.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	18643.00	18643.00
(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) .....	18643.00	18643.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20.32	20.32
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 Transfers (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))..... ▶	18663.32	18663.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	18663.32	18663.32

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	12268.17	12268.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	12268.17	12268.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	14768.17	14768.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14768.17	14768.17

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	18643.00	18643.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18643.00	18643.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	12268.17	12268.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	12268.17	12268.17

: 97 `A -G7 9 @C B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XA  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 27
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 156-11 Aguilar Ave

City Kew Gardens Hills State NY Zip Code 11367

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

Name of Employer Self Occupation Inv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 09 / 2015  
**Transaction ID : SA11AI.39313**

Amount of Each Receipt this Period  
 125.00

Mission

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

Mailing Address 428 Walton St

City West Hempstead State NY Zip Code 11552

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

Name of Employer Angus Performance Advisors Occupation Business Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 12 / 2015  
**Transaction ID : SA11AI.39295**

Amount of Each Receipt this Period  
 200.00

Mission

**C. perry bolkin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1-42 36th st

City fair lawn State NJ Zip Code 07410

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

Name of Employer n/a Occupation n/a

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 05 / 2015  
**Transaction ID : SA11AI.39291**

Amount of Each Receipt this Period  
 50.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<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. Zelda Braun**  
Full Name (Last, First, Middle Initial)  
Mailing Address 138-46 76th Avenue  
City Flushing State NY Zip Code 11367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Yeshiva University Occupation Retired university associate dean of s  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 143.00

Date of Receipt 01 / 13 / 2015  
**Transaction ID : SA11AI.39301**  
Amount of Each Receipt this Period 143.00  
Mission

**B. Ben Chouake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 245 Hutchinson Rd.  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation MD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 01 / 20 / 2015  
**Transaction ID : SA11AI.39305**  
Amount of Each Receipt this Period 4000.00  
Donation

**C. Esther Chouake**  
Full Name (Last, First, Middle Initial)  
Mailing Address 245 Hutchinson Rd.  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation MD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 08 / 2015  
**Transaction ID : SA11AI.39304**  
Amount of Each Receipt this Period 1000.00  
Earmark - Thompson

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5143.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<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. Esther Chouake**

Mailing Address 245 Hutchinson Rd.

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
01 / 20 / 2015  
**Transaction ID : SA11AI.39306**

Amount of Each Receipt this Period  
4000.00

Donation

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

Mailing Address 2526 Stafford Place

City Columbus State OH Zip Code 43209

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

Name of Employer Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50.00

Date of Receipt  
01 / 30 / 2015  
**Transaction ID : SA11AI.39312**

Amount of Each Receipt this Period  
50.00

Mission

Full Name (Last, First, Middle Initial)  
**C. moshe cyviner**

Mailing Address 239 S. 6th Ave Apt 102

City Highland Park State NJ Zip Code 08904

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

Name of Employer Martin and Edith Stein Occupation Hospice Aide

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  
01 / 12 / 2015  
**Transaction ID : SA11AI.39297**

Amount of Each Receipt this Period  
125.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<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. Joseph Faber**  
Full Name (Last, First, Middle Initial)

Mailing Address 1208 Emerson Avenue

City Teaneck State NJ Zip Code 07666

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

Name of Employer Faber Healthcare Solutions Occupation Medical Management Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 04 / 2015  
**Transaction ID : SA11AI.39290**

Amount of Each Receipt this Period  
 125.00

Mission

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

Mailing Address 1208 Emerson Avenue

City Teaneck State NJ Zip Code 07666

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

Name of Employer na Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 04 / 2015  
**Transaction ID : SA11AI.39289**

Amount of Each Receipt this Period  
 75.00

Mission

**C. Dan Feder**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 West 62nd St.

City New York State NY Zip Code 10023

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

Name of Employer Acker & Li Occupation Businessman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : SA11AI.39316**

Amount of Each Receipt this Period  
 125.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
	<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. Mathi Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Weber Road

City West Orange State NJ Zip Code 07052

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

Name of Employer Frank Crystal & Co. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : SA11AI.39317**

Amount of Each Receipt this Period  
 125.00

Mission

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

Mailing Address 285 Sunset Avenue

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 12 / 2015  
**Transaction ID : SA11AI.39294**

Amount of Each Receipt this Period  
 250.00

Mission

**c. Jack Halpern**  
Full Name (Last, First, Middle Initial)

Mailing Address 160 W. 66th St.

City New York State NY Zip Code 10023

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

Name of Employer Atlantic Realty Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 20 / 2015  
**Transaction ID : SA11AI.39307**

Amount of Each Receipt this Period  
 5000.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5375.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
	<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. Howard Jachter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 315 Churchill Rd.  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Torah Acad. of Bergen Cty Occupation Teacher  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 150.00

Date of Receipt 01 / 14 / 2015  
**Transaction ID : SA11AI.39299**  
Amount of Each Receipt this Period 150.00  
Mission

**B. Richard Kolchin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 577 Howard aVe  
City West Hempstead State NY Zip Code 11552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation MD  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 125.00

Date of Receipt 01 / 19 / 2015  
**Transaction ID : SA11AI.39302**  
Amount of Each Receipt this Period 125.00  
Mission

**C. Leon Kozak**  
Full Name (Last, First, Middle Initial)  
Mailing Address 280 Jones Rd.  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Finance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 01 / 2015  
**Transaction ID : SA11AI.39318**  
Amount of Each Receipt this Period 500.00  
Earmark - Wild and Wonderful PAC

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
	<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. Leon Kozak**

Mailing Address 280 Jones Rd.

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 01 / 2015  
**Transaction ID : SA11AI.39319**

Amount of Each Receipt this Period  
1000.00

Donation Earmarked to America Takes Action

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

Mailing Address 15 redcoat dr

City east brunswick State NJ Zip Code 08816

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

Name of Employer self Occupation md

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : SA11AI.39310**

Amount of Each Receipt this Period  
250.00

Mission

Full Name (Last, First, Middle Initial)  
**c. Shelley Paradis**

Mailing Address 35 Mountain Ridge

City Livingston State NJ Zip Code 07039

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

Name of Employer Self Occupation Homemaker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 19 / 2015  
**Transaction ID : SA11AI.39303**

Amount of Each Receipt this Period  
225.00

Mission

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<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. Richard Schlusel**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Lydecker St.

City Englewood	State NJ	Zip Code 07631
-------------------	-------------	-------------------

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

Name of Employer Columbia U	Occupation Physician
--------------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	12	/	2015

**Transaction ID : SA11AI.39296**

Amount of Each Receipt this Period  
125.00

Mission

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

Mailing Address coles ct

City river edge	State NJ	Zip Code 07661
--------------------	-------------	-------------------

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

Name of Employer na	Occupation na
------------------------	------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2015

**Transaction ID : SA11AI.39311**

Amount of Each Receipt this Period  
100.00

Donation

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

Mailing Address 1317 Hudson St.

City Teaneck	State NJ	Zip Code 07666
-----------------	-------------	-------------------

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

Name of Employer Physician	Occupation Cardiology Ctr of N. Jersey
-------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2015

**Transaction ID : SA11AI.39308**

Amount of Each Receipt this Period  
125.00

Mission

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<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. Leslie Tugetman**

Mailing Address 612 West 232 Street

City Riverdale State NY Zip Code 10463

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

Name of Employer Self Occupation Interior Design

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 12 / 2015  
**Transaction ID : SA11AI.39293**

Amount of Each Receipt this Period  
400.00

Mission

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

Mailing Address 114 Bennett Road

City Teaneck State NJ Zip Code 07666

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

Name of Employer Citi Occupation Technologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 21 / 2015  
**Transaction ID : SA11AI.39314**

Amount of Each Receipt this Period  
125.00

Mission

Full Name (Last, First, Middle Initial)  
**C. William Weiss**

Mailing Address 371 Cumberland Street

City Englewood State NJ Zip Code 07631

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

Name of Employer paperclip software Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2015  
**Transaction ID : SA11AI.39309**

Amount of Each Receipt this Period  
125.00

Mission

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	18643.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

Full Name (Last, First, Middle Initial)  
**A. Valley National Bank**  
Mailing Address 1445 Valley Rd  
City Wayne State NJ Zip Code 07470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**20.32**

Date of Receipt  
**01 / 31 / 2015**  
**Transaction ID : SA17.39321**  
Amount of Each Receipt this Period  
**20.32**  
interest income

Full Name (Last, First, Middle Initial)  
**B.**  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)  
**C.**  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **20.32**  
**TOTAL** This Period (last page this line number only)..... ▶ **20.32**



**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. Borough of Cliffside Park**

Mailing Address 525 Palisade Ave

City State Zip Code  
Cliffside Park NJ 07010

Purpose of Disbursement  
Parking Permit - Josef Schranz

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.39271**

Amount of Each Disbursement this Period

2	5	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Elavon**

Mailing Address Two Concourse Parkway, Suite 800

City State Zip Code  
Atlanta GA 30328

Purpose of Disbursement  
Elavon merchant service fee

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.39322**

Amount of Each Disbursement this Period

1	0	2	.	9	9
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Geico**

Mailing Address 1 Geico Plaza

City State Zip Code  
Bethesda MD 20810

Purpose of Disbursement  
Josef Schranz Car Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : **SB21B.39268**

Amount of Each Disbursement this Period

1	1	0	.	8	7
---	---	---	---	---	---

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

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

2	3	8	.	8	6
---	---	---	---	---	---

2	3	8	.	8	6
---	---	---	---	---	---

**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. Horizon Blue Cross Blue Shield of New Jersey**

Mailing Address 3 Penn Plaza East

City Newark State NJ Zip Code 07105

Purpose of Disbursement  
Josef Schranz Health Plan

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2015

**Transaction ID : SB21B.39272**

Amount of Each Disbursement this Period

685.64

Full Name (Last, First, Middle Initial)

**B. Liberty Mutual Group**

Mailing Address PO Box 8400

City Dover State NH Zip Code 03821

Purpose of Disbursement  
Mindy Berman Plan

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

001  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 30 / 2015

**Transaction ID : SB21B.39287**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Made 2 Love**

Mailing Address P.O. Box 624

City Rocville Centre State NY Zip Code 11571

Purpose of Disbursement  
business cards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 06 / 2015

**Transaction ID : SB21B.39269**

Amount of Each Disbursement this Period

65.00

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

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

1250.64

**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. NJ Jewish News**

Mailing Address 901 Route 10

City Whippany State NJ Zip Code 07981

Purpose of Disbursement  
mission ad

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2015

**Transaction ID : SB21B.39283**

Amount of Each Disbursement this Period

326.00

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 1551 S. Washington Ave.

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2015

**Transaction ID : SB21B.39267**

Amount of Each Disbursement this Period

497.72

Full Name (Last, First, Middle Initial)

**C. Paychex**

Mailing Address 1551 S. Washington Ave.

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement  
invoice

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
01 / 12 / 2015

**Transaction ID : SB21B.39277**

Amount of Each Disbursement this Period

97.30

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

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

921.02

**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**

Mailing Address 1551 S. Washington Ave.

City State Zip Code  
Piscataway NJ 08854

Purpose of Disbursement  
taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 12 / 2015

**Transaction ID : SB21B.39278**

Amount of Each Disbursement this Period

958.49

Full Name (Last, First, Middle Initial)

**B. Paychex**

Mailing Address 1551 S. Washington Ave.

City State Zip Code  
Piscataway NJ 08854

Purpose of Disbursement  
taxes

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 30 / 2015

**Transaction ID : SB21B.39286**

Amount of Each Disbursement this Period

520.46

Full Name (Last, First, Middle Initial)

**C. Mr Josef Schranz**

Mailing Address 3 Buena Vista Road

City State Zip Code  
Suffern NY 10901

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
01 / 12 / 2015

**Transaction ID : SB21B.39280**

Amount of Each Disbursement this Period

1385.42

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

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

2864.37

**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. Mr Josef Schranz**

Mailing Address 3 Buena Vista Road

City Suffern State NY Zip Code 10901

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : SB21B.39282**

Amount of Each Disbursement this Period

2314.79

Full Name (Last, First, Middle Initial)

**B. The Hartford**

Mailing Address P.O. Box 14219

City Lexington State KY Zip Code 40512

Purpose of Disbursement  
Workers Comp. Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 14 / 2015

**Transaction ID : SB21B.39281**

Amount of Each Disbursement this Period

625.00

Full Name (Last, First, Middle Initial)

**C. Valley National Bank**

Mailing Address 1445 Valley Rd

City Wayne State NJ Zip Code 07470

Purpose of Disbursement  
Credit Card

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 12 / 2015

**Transaction ID : SB21B.39279**

Amount of Each Disbursement this Period

331.58

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

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

3271.37

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: **SB21B**

Transaction ID : **SB21B.39279**

FedEx \$21.15 W 83RD ST Garage 2220 Q86 \$35.00 Walgreens \$53.95 Exxon \$33.33 EZ Pass \$35.00 Harry's Service Station Fort Lee \$25.50 Constant Contact \$5.00 AFP \$29.00 Exxon \$18.52 FedEx \$9.50 Robly \$65.63

Form/Schedule:

Transaction ID:

**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. Washington Convention Center**

Mailing Address 801 Mount Vernon PI NW

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Deposit for May 2015 Mission

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2015

**Transaction ID : SB21B.39284**

Amount of Each Disbursement this Period

3575.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

3575.00

12121.26

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)

Grid for line numbers 21b through 30b with checkboxes. Line 23 is checked.

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NAME OF COMMITTEE (In Full) NORPAC

Full Name (Last, First, Middle Initial)

A. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement Earmarked Donation to Mike Thompson

Candidate Name MIKE THOMPSON FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President Disbursement For: [ ] Primary [ ] General [ ] Other (specify) State: CA District: 05

Date of Disbursement

Date of Disbursement grid showing 01 / 08 / 2015

Transaction ID : SB23.39275

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period grid showing 1000.00

Full Name (Last, First, Middle Initial)

B. WILD AND WONDERFUL PAC

Mailing Address PO BOX 651374

City POTOMAC FALLS State VA Zip Code 20165

Purpose of Disbursement Earmarks - Wild and Wonderful PAC

Candidate Name WILD AND WONDERFUL PAC

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

Date of Disbursement

Date of Disbursement grid showing 01 / 06 / 2015

Transaction ID : SB23.39270

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period grid showing 500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

Date of Disbursement grid

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period grid

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

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

Subtotal grid showing 1500.00

Total grid showing 1500.00



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.39275

Contributors to Thompson: Chouake Esther \$1000

Form/Schedule: SB23

Transaction ID: SB23.39270

Earmarks to Wild and Wonderful PAC: KozakLeon\$500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. America Takes Action**

Mailing Address 13910 Cantrell Road

City Little Rock State AR Zip Code 72223

Purpose of Disbursement  
Contribution to America Takes Action

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

01 / 08 / 2015

**Transaction ID : SB29.39273**

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

1000.00

1000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : SB29.39273

Contributors to America Takes Action: KozakLeon\$1,000.00

Form/Schedule:

Transaction ID: