

**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** 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:

| | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

| | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input checked="" type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on 11 07 2006 in the State of

(d) 30-Day **Post -Election** Report for the:

| | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on in the State of

5. Covering Period 10 01 2006 through 10 18 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 Joel Davidson

Signature of Treasurer Electronically Filed by Joel Davidson Date 10 25 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 |
| 1 | 0 |

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

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

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 8 |

| | | | |
|---|---|---|---|
| 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 | 400772.43 | | | | | | | | | |
| (c) Total Receipts (from Line 19) | 3470.00 | 212739.04 | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 404242.43 | 595038.04 | | | | | | | | |
| 7. Total Disbursements (from Line 31) | 8172.00 | 198967.61 | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 396070.43 | 396070.43 | | | | | | | | |
| 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 |
| 1 | 0 |

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

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

 To:

| | |
|---|---|
| M | M |
| 1 | 0 |

| | |
|---|---|
| D | D |
| 1 | 8 |

| | | | |
|---|---|---|---|
| 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 | 3120.00 | 157305.75 |
| (i) Itemized (use Schedule A) | | |
| (ii) Unitemized | 350.00 | 42328.35 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 3470.00 | 199634.10 |
| (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) | 3470.00 | 199634.10 |
| 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 | 991.87 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 5000.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 7113.07 |
| 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)) | 3470.00 | 212739.04 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 3470.00 | 212739.04 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| 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..... | 672.00 | 115738.61 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 672.00 | 115738.61 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 7500.00 | 81714.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 1515.00 |
| (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 | 1515.00 |
| 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)).. | 8172.00 | 198967.61 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 8172.00 | 198967.61 |

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 | 3470.00 | 199634.10 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 1515.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 3470.00 | 198119.10 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 672.00 | 115738.61 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 991.87 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 672.00 | 114746.74 |

**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 / 21 |
| | <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. Alan Berger | | Date of Receipt MM / DD / YYYY 10 / 17 / 2006 |
| Mailing Address 24 Sutton Pl. | | Transaction ID: SA11A1.17309 |
| City Englewood | State NJ | Zip Code 07631 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer Self | Occupation Physician | check to Dan Burton |
| 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) B. Dorron Brouard | | Date of Receipt MM / DD / YYYY 10 / 10 / 2006 |
| Mailing Address 5 Fox Run Dr. | | Transaction ID: SA11A1.17285 |
| City Englewood | State NJ | Zip Code 07631 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 20.00 |
| Name of Employer self | Occupation sales | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 225.00 | |

| | | |
|---|---------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Lawrence Diener | | Date of Receipt MM / DD / YYYY 10 / 17 / 2006 |
| Mailing Address 293 E. Palisade Avenue | | Transaction ID: SA11A1.17344 |
| City Englewood | State NJ | Zip Code 07631 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 200.00 |
| Name of Employer Self | Occupation Attorney | check to HoosierPAC |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | [MEMO ITEM] |

| | | |
|--|---|-------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 20.00 |
| 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 / 21 |
| | <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)
Philip Druck

Mailing Address 41 Cape May St.

City Englewood State NJ Zip Code 07631

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

Name of Employer self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 .00

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

Transaction ID: SA11A1.17292

Amount of Each Receipt this Period
 500.00

check to Deborah Pryce

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Laraine Ferguson

Mailing Address 9 Marcotte Ln.

City Tenafly State NJ Zip Code 07670

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

Name of Employer Iona College Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

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

Transaction ID: SA11A1.17286

Amount of Each Receipt this Period
 100.00

C. Full Name (Last, First, Middle Initial)
Eli Goldschmidt

Mailing Address 1343 E 24th St

City Brooklyn State NY Zip Code 11210

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

Name of Employer Self Occupation Securities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 .00

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.17299

Amount of Each Receipt this Period
 500.00

check to Joe Lieberman

[MEMO ITEM]

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value=""/> 100.00 |
| TOTAL This Period (last page this line number only) | <input type="text" value=""/> |

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 / 21 |
| | <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 Y
 1 0 / 0 3 / 2 0 0 6

Transaction ID: SA11A1.17296

Amount of Each Receipt this Period
 250.00

check to Mark Kirk

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Arthur Kook

Mailing Address 263 Broad Ave.

City Englewood State NJ Zip Code 07631

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

Name of Employer Ramapo Valley Dental Assoc. Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

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

Transaction ID: SA11A1.17343

Amount of Each Receipt this Period
 200.00

check to HoosierPAC

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Kevin Lemmer

Mailing Address 140 Downey Dr.

City Tenafly State NJ Zip Code 07670

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

Name of Employer ADAR Investment Management Occupation Financial Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

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

Transaction ID: SA11A1.17306

Amount of Each Receipt this Period
 500.00

check to Dan Burton

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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 / 21 |
| | <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. Michael Levin | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 | |
| Mailing Address 2 Chestnut Hill Rd | | Transaction ID: SA11A1.17287 | |
| City Manalapan | State NJ | Zip Code 07726 | Amount of Each Receipt this Period 2500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Levin,Shea,Pfeffer & Topas, PA | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 2500.00 | | |

| | | | |
|---|------------------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. Howard Liss | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 0 6 | |
| Mailing Address 268 Robin Rd. | | Transaction ID: SA11A1.17288 | |
| City Englewood | State NJ | Zip Code 07631 | 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 ▼ 500.00 | | |

| | | | |
|---|---------------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. Gilad ottensoser | | Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 3 / 2 0 0 6 | |
| Mailing Address 285 Robin Rd | | Transaction ID: SA11A1.17295 | |
| City Englewood | State NJ | Zip Code 07631 | Amount of Each Receipt this Period 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Legend Merchant | Occupation Banking | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

check to Mark Kirk

[MEMO ITEM]

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 3000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 / 21 |
| | <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. Jeffrey parker | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 | |
| Mailing Address 269 Maple St. | | Transaction ID: SA11A1.17307 | |
| City Englewood | State NJ | Zip Code 07631 | Amount of Each Receipt this Period 360.00 |
| FEC ID number of contributing federal political committee. C | | check to Dan Burton | |
| Name of Employer Parker Lamm | Occupation Real Estate | | |
| 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) B. Michael Parker | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 | |
| Mailing Address 260 Maple St. | | Transaction ID: SA11A1.17340 | |
| City Englewood | State NJ | Zip Code 07631 | Amount of Each Receipt this Period 360.00 |
| FEC ID number of contributing federal political committee. C | | check to HoosierPAC | |
| Name of Employer Shelby Inv. | Occupation Real Estate | | |
| 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. Simon Posner | | Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 3 / 2 0 0 6 | |
| Mailing Address 300 Robin Road | | Transaction ID: SA11A1.17301 | |
| City Englewood | State NJ | Zip Code 07631 | Amount of Each Receipt this Period 100.00 |
| FEC ID number of contributing federal political committee. C | | check to Joe Lieberman | |
| Name of Employer Otterbourg, Steindler | Occupation Attorney | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ .00 | | |

[MEMO ITEM]

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

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 / 21 |
| | <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) Ronald Strobel Mailing Address 226 Chestnut St. 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 1 0 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.17308 Amount of Each Receipt this Period 100.00 check to Dan Burton [MEMO ITEM] |
| Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date .00 | | |

| | | |
|---|--|---|
| B. Full Name (Last, First, Middle Initial) Ronald M. Weiss Mailing Address 258 E. Linden Ave. 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 1 0 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.17305 Amount of Each Receipt this Period 540.00 check to Dan Burton [MEMO ITEM] |
| Name of Employer AT & T Occupation Business Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date .00 | | |

| | | |
|--|--|---|
| C. Full Name (Last, First, Middle Initial) Gerardo Yablonovich Mailing Address 404 Jones 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 1 0 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.17341 Amount of Each Receipt this Period 200.00 check to HoosierPAC [MEMO ITEM] |
| Name of Employer Self Occupation Dentist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date .00 | | |

| | |
|--|------|
| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| 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: | | PAGE 12 / 21 | |
| | (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"/> 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 | |
| Mailing Address 175 Maple St. | |
| City Englewood | State NJ |
| 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 |

| |
|---|
| Date of Receipt MM / DD / YYYY 10 / 17 / 2006 |
| Transaction ID: SA11A1.17339 |
| Amount of Each Receipt this Period 1800.00 |
| check to HoosierPAC |
| [MEMO ITEM] |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) | 0.00 |
| TOTAL This Period (last page this line number only) | 3120.00 |

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)

PAGE 13 / 21

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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.17322 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 1 / 2 0 0 6 |
| Mailing Address 4900 University Ave - MS14 | | Amount of Each Disbursement this Period 343.27 |
| City West Des Moines State IA Zip Code 50266 | Purpose of Disbursement health insure - 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. Joel Davidson | | Transaction ID: SB21B.17324 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 |
| Mailing Address 25 Ellen Drive | | Amount of Each Disbursement this Period 12.95 |
| City Rockaway State NJ Zip Code 07866 | Purpose of Disbursement reimburse Internet service charge 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) C. paypal | | Transaction ID: SB21B.17291 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 8 / 2 0 0 6 |
| Mailing Address PO Box 45950 | | Amount of Each Disbursement this Period 4.65 |
| City Omaha State NE Zip Code 68145 | Purpose of Disbursement service fee 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) ▶ | 360.87 |
| 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 14 / 21

| | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <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.17326 | |
| Mailing Address 1445 Valley Rd | | Date of Disbursement 10 / 16 / 2006 | |
| City Wayne | State NJ | Zip Code 07470 | Amount of Each Disbursement this Period 311.13 |
| Purpose of Disbursement credit card payment (supplies, travel) | | 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) | ▶ | 311.13 |
| TOTAL This Period (last page this line number only) | ▶ | 672.00 |

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)

PAGE 15 / 21

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. DAN BURTON FOR CONGRESS COMMITTEE | | Transaction ID: SB23.17310 Date of Disbursement 10 / 17 / 2006 |
| Mailing Address P.O. Box 50593 P. O. BOX 50593 | | Amount of Each Disbursement this Period 540.00 [MEMO ITEM] |
| City Indianapolis State IN Zip Code 46250 | | |
| Purpose of Disbursement check from Ronald Weiss | 011 Category/ Type | |
| Candidate Name DANNY L BURTON | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. DAN BURTON FOR CONGRESS COMMITTEE | | Transaction ID: SB23.17312 Date of Disbursement 10 / 17 / 2006 |
| Mailing Address P.O. Box 50593 P. O. BOX 50593 | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City Indianapolis State IN Zip Code 46250 | | |
| Purpose of Disbursement check from Kevin Lemmer | 011 Category/ Type | |
| Candidate Name DANNY L BURTON | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. DAN BURTON FOR CONGRESS COMMITTEE | | Transaction ID: SB23.17313 Date of Disbursement 10 / 17 / 2006 |
| Mailing Address P.O. Box 50593 P. O. BOX 50593 | | Amount of Each Disbursement this Period 360.00 [MEMO ITEM] |
| City Indianapolis State IN Zip Code 46250 | | |
| Purpose of Disbursement check from Jeffrey Parker | 011 Category/ Type | |
| Candidate Name DANNY L BURTON | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" 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 16 / 21

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. DAN BURTON FOR CONGRESS COMMITTEE | | Transaction ID: SB23.17314 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6 |
| Mailing Address P.O. Box 50593 P. O. BOX 50593 | | Amount of Each Disbursement this Period 100.00 [MEMO ITEM] |
| City Indianapolis State IN Zip Code 46250 | | |
| Purpose of Disbursement check from Ronald Strobel | 011 Category/ Type | |
| Candidate Name DANNY L BURTON | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. DAN BURTON FOR CONGRESS COMMITTEE | | Transaction ID: SB23.17315 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6 |
| Mailing Address P.O. Box 50593 P. O. BOX 50593 | | Amount of Each Disbursement this Period 100.00 [MEMO ITEM] |
| City Indianapolis State IN Zip Code 46250 | | |
| Purpose of Disbursement check from Alan Berger | 011 Category/ Type | |
| Candidate Name DANNY L BURTON | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. DEWINE FOR US SENATE | | Transaction ID: SB23.17330 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 6 |
| Mailing Address PO BOX 340188 | | Amount of Each Disbursement this Period 1000.00 |
| City COLUMBUS State OH Zip Code 43234 | | |
| Purpose of Disbursement | 011 Category/ Type | |
| Candidate Name DEWINE FOR US SENATE | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

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

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. DON SHERWOOD FOR CONGRESS | | Transaction ID: SB23.17336 Date of Disbursement 10 / 13 / 2006 |
| Mailing Address 81 WARREN STREET PO BOX 188 | | Amount of Each Disbursement this Period 1000.00 |
| City TUNKHANNOCK State PA Zip Code 18657 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name DONALD L. SHERWOOD | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF CONRAD BURNS - 2006 | | Transaction ID: SB23.17335 Date of Disbursement 10 / 13 / 2006 |
| Mailing Address PO BOX 1596 | | Amount of Each Disbursement this Period 2000.00 |
| City HELENA State MT Zip Code 59624 | 011 Category/ Type | |
| Purpose of Disbursement | | |
| Candidate Name CONRAD BURNS | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE LIEBERMAN | | Transaction ID: SB23.17303 Date of Disbursement 10 / 03 / 2006 |
| Mailing Address PO BOX 231294 STATE HOUSE SQUARE | | Amount of Each Disbursement this Period 500.00 |
| City HARTFORD State CT Zip Code 06103 | 011 Category/ Type | |
| Purpose of Disbursement check from Eli Goldschmidt | | |
| Candidate Name JOSEPH I LIEBERMAN | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | [MEMO ITEM] |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3000.00 |
| 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 18 / 21

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. FRIENDS OF JOE LIEBERMAN | | Transaction ID: SB23.17304 Date of Disbursement 10 / 03 / 2006 | |
| Mailing Address PO BOX 231294 STATE HOUSE SQUARE | | Amount of Each Disbursement this Period 100.00 [MEMO ITEM] | |
| City HARTFORD | State CT | | Zip Code 06103 |
| Purpose of Disbursement check from Simon Posner | | | 011 Category/ Type |
| Candidate Name JOSEPH I LIEBERMAN | | | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼ | | |
| State: CT District: 00 | | | |

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|---|---|---|--------------------------|
| Full Name (Last, First, Middle Initial) B. HOOSIER POLITICAL ACTION COMMITTEE (HOOSIER PAC) | | Transaction ID: SB23.17349 Date of Disbursement 10 / 17 / 2006 | |
| Mailing Address PO BOX 77089 | | Amount of Each Disbursement this Period 200.00 [MEMO ITEM] | |
| City WASHINGTON | State DC | | Zip Code 20013 |
| Purpose of Disbursement check from Gerardo Yablonovich | | | 011 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. HOOSIER POLITICAL ACTION COMMITTEE (HOOSIER PAC) | | Transaction ID: SB23.17352 Date of Disbursement 10 / 17 / 2006 | |
| Mailing Address PO BOX 77089 | | Amount of Each Disbursement this Period 1800.00 [MEMO ITEM] | |
| City WASHINGTON | State DC | | Zip Code 20013 |
| Purpose of Disbursement check from Sheldon Zelig | | | 011 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) ▶ | 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 19 / 21

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. HOOSIER POLITICAL ACTION COMMITTEE (HOOSIER PAC) | | Transaction ID: SB23.17354 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 77089 | | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>6</td><td></td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 7 | | 2 | 0 | 6 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 6 | | | | | | | | | | | | | | |
| City WASHINGTON | State DC | Zip Code 20013 | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement check from Michael Parker | | 011 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: | Amount of Each Disbursement this Period <table border="1"><tr><td>360.00</td></tr></table> | | 360.00 | | | | | | | | | | | | | | | | | | | |
| 360.00 | | | | | | | | | | | | | | | | | | | | | | |

[MEMO ITEM]

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| Full Name (Last, First, Middle Initial) B. HOOSIER POLITICAL ACTION COMMITTEE (HOOSIER PAC) | | Transaction ID: SB23.17355 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 77089 | | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>6</td><td></td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 7 | | 2 | 0 | 6 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 6 | | | | | | | | | | | | | | |
| City WASHINGTON | State DC | Zip Code 20013 | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement check from Arthur Kook | | 011 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: | Amount of Each Disbursement this Period <table border="1"><tr><td>200.00</td></tr></table> | | 200.00 | | | | | | | | | | | | | | | | | | | |
| 200.00 | | | | | | | | | | | | | | | | | | | | | | |

[MEMO ITEM]

| | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|--|
| Full Name (Last, First, Middle Initial) C. HOOSIER POLITICAL ACTION COMMITTEE (HOOSIER PAC) | | Transaction ID: SB23.17356 Date of Disbursement | | | | | | | | | | | | | | | | | | | | |
| Mailing Address PO BOX 77089 | | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>0</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>6</td><td></td></tr></table> | M | M | / | D | D | / | Y | Y | Y | Y | 1 | 0 | | 1 | 7 | | 2 | 0 | 6 | |
| M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | |
| 1 | 0 | | 1 | 7 | | 2 | 0 | 6 | | | | | | | | | | | | | | |
| City WASHINGTON | State DC | Zip Code 20013 | | | | | | | | | | | | | | | | | | | | |
| Purpose of Disbursement check from Lawrence Diener | | 011 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: | Amount of Each Disbursement this Period <table border="1"><tr><td>200.00</td></tr></table> | | 200.00 | | | | | | | | | | | | | | | | | | | |
| 200.00 | | | | | | | | | | | | | | | | | | | | | | |

[MEMO ITEM]

| | | |
|--|--|------|
| SUBTOTAL of Disbursements This Page (optional) | <table border="1"><tr><td>0.00</td></tr></table> | 0.00 |
| 0.00 | | |
| TOTAL This Period (last page this line number only) | <table border="1"><tr><td></td></tr></table> | |
| | | |

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

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

FOR LINE NUMBER: (check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input 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. KIRK FOR CONGRESS | | Transaction ID: SB23.17297 Date of Disbursement 10 / 03 / 2006 |
| Mailing Address P.O. Box 8 | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City Winnetka State IL Zip Code 60093 | | |
| Purpose of Disbursement check from Gilad Ottensoser Candidate Name MARK STEVEN KIRK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 011 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. KIRK FOR CONGRESS | | Transaction ID: SB23.17298 Date of Disbursement 10 / 03 / 2006 |
| Mailing Address P.O. Box 8 | | Amount of Each Disbursement this Period 250.00 [MEMO ITEM] |
| City Winnetka State IL Zip Code 60093 | | |
| Purpose of Disbursement check from Robert Gottesman Candidate Name MARK STEVEN KIRK Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 011 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. PRYCE, DEBORAH D. | | Transaction ID: SB23.17294 Date of Disbursement 10 / 12 / 2006 |
| Mailing Address 145 East Rich Street | | Amount of Each Disbursement this Period 500.00 [MEMO ITEM] |
| City Columbus State OH Zip Code 43215 | | |
| Purpose of Disbursement check from Philip Druck Candidate Name DEBORAH D. PRYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| Category/Type 011 | | |

| | |
|--|-------|
| 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 21 / 21

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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. PRYCE, DEBORAH D. | | Transaction ID: SB23.17334 Date of Disbursement 10 / 13 / 2006 |
| Mailing Address 145 East Rich Street | | Amount of Each Disbursement this Period 2000.00 |
| City Columbus | State OH | |
| Zip Code 43215 | | |
| Purpose of Disbursement | | |
| Candidate Name DEBORAH D. PRYCE | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OH District: 15 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. RICK RENZI FOR CONGRESS | | Transaction ID: SB23.17332 Date of Disbursement 10 / 13 / 2006 |
| Mailing Address P.O. Box 2383 | | Amount of Each Disbursement this Period 500.00 |
| City Prescott | State AZ | |
| Zip Code 86302 | | |
| Purpose of Disbursement | | |
| Candidate Name RICK RENZI FOR CONGRESS | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: AZ District: 01 | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. STEVE CHABOT FOR CONGRESS | | Transaction ID: SB23.17327 Date of Disbursement 10 / 12 / 2006 |
| Mailing Address 3339 Harrison Ave. 3014 Harrison Ave. | | Amount of Each Disbursement this Period 1000.00 |
| City Cincinnati | State OH | |
| Zip Code 45211 | | |
| Purpose of Disbursement | | |
| Candidate Name STEVE CHABOT | | 011 Category/ Type |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: OH District: 01 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional) ▶ | 3500.00 |
| TOTAL This Period (last page this line number only) ▶ | 7500.00 |