



**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<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|--|--|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>  | <input type="text" value="271759.30"/> | <input type="text" value="271759.30"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="358449.22"/> |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="57850.38"/>  | <input type="text" value="318982.91"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="416299.60"/> | <input type="text" value="590742.21"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="142313.67"/> | <input type="text" value="316756.28"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="273985.93"/> | <input type="text" value="273985.93"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

Write or Type Committee Name

**NORPAC**

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

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 57850.38                      | 318923.38                         |
| (ii) Unitemized .....   | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 57850.38                      | 318923.38                         |
| (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) .....  | 57850.38                      | 318923.38                         |
| 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.).....   | 0.00                          | 59.53                             |
| 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))..... ▶                        | 57850.38                      | 318982.91                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 57850.38                      | 318982.91                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 117126.67                     | 160440.13                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 117126.67                     | 160440.13                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 24216.00                      | 152645.15                         |
| 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 .....                                  | 971.00                        | 3071.00                           |
| (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)).....                            | 971.00                        | 3071.00                           |
| 29. Other Disbursements .....  | 0.00                          | 600.00                            |
| 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)) ..      | 142313.67                     | 316756.28                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 142313.67                     | 316756.28                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 57850.38                      | 318923.38                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 971.00                        | 3071.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 56879.38                      | 315852.38                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 117126.67                     | 160440.13                         |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 117126.67                     | 160440.13                         |

: 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: (check only one)       | PAGE 7 OF 82                 |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

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

Mailing Address 22 Mountain Ridge Dr

City Livingston State NJ Zip Code 07039

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

Name of Employer Retired Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : SA11AI.37871**

Amount of Each Receipt this Period  
 350.00

Mission

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

Mailing Address 78 gertmin road

City Woodmere State NY Zip Code 11598

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

Name of Employer IPM Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.38034**

Amount of Each Receipt this Period  
 300.00

Mission

**C. Myron Bari**  
Full Name (Last, First, Middle Initial)

Mailing Address 251 Sunset Ave

City Englewood State NJ Zip Code 07631

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

Name of Employer IPM Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 13 / 2014  
**Transaction ID : SA11AI.37980**

Amount of Each Receipt this Period  
 275.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 925.00

**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 82                 |
|   | <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. Robert Barris**

Mailing Address 75-31 141 PI

City Flushing State NY Zip Code 11367

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

Name of Employer Nassau University Medical Ctr Occupation Psychiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **175.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2014**

**Transaction ID : SA11AI.37825**

Amount of Each Receipt this Period  
**175.00**

Mission

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

Mailing Address 647 Howard Ave

City West Hempstead State NY Zip Code 11552

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

Name of Employer College Student Occupation College Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **36.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 01 / 2014**

**Transaction ID : SA11AI.37923**

Amount of Each Receipt this Period  
**36.00**

Mission

Full Name (Last, First, Middle Initial)  
**C. Laurie Baumel**

Mailing Address 797 Winthrop Rd.

City Teaneck State NJ Zip Code 07666

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

Name of Employer none Occupation Housewife

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : SA11AI.38130**

Amount of Each Receipt this Period  
**125.00**

In-kind - Phila-DC Train Tickets

**SUBTOTAL** of Receipts This Page (optional)..... **336.00**

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



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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 9 OF 82                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
|   | <input type="checkbox"/> 12  | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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

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

Mailing Address 141-21 70th Rd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Flushing | State<br>NY | Zip Code<br>11367 |
|------------------|-------------|-------------------|

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

|                                |                             |
|--------------------------------|-----------------------------|
| Name of Employer<br>Health Ctr | Occupation<br>Administrator |
|--------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2014        |

**Transaction ID : SA11AI.37901**

Amount of Each Receipt this Period  
175.00

Mission

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

Mailing Address 18 Edgemount Rd.

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Edison | State<br>NJ | Zip Code<br>08817 |
|----------------|-------------|-------------------|

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

|                           |                         |
|---------------------------|-------------------------|
| Name of Employer<br>UMDNJ | Occupation<br>Physician |
|---------------------------|-------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 07    | / | 2014        |

**Transaction ID : SA11AI.37954**

Amount of Each Receipt this Period  
350.00

Mission

**C. Hannah Benesch**  
Full Name (Last, First, Middle Initial)

Mailing Address 95 Montgomery St

|                       |             |                   |
|-----------------------|-------------|-------------------|
| City<br>Highland Park | State<br>NJ | Zip Code<br>08904 |
|-----------------------|-------------|-------------------|

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

|                        |                  |
|------------------------|------------------|
| Name of Employer<br>na | Occupation<br>na |
|------------------------|------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04    | / | 30    | / | 2014        |

**Transaction ID : SA11AI.37894**

Amount of Each Receipt this Period  
75.00

Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 600.00 |
| <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 10 OF 82                |
|   | <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. Mark Berman**

Mailing Address 95 Huguenot Ave.

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Englewood | State<br>NJ | Zip Code<br>07631 |
|-------------------|-------------|-------------------|

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

|                          |                           |
|--------------------------|---------------------------|
| Name of Employer<br>Self | Occupation<br>Real Estate |
|--------------------------|---------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2014  
**Transaction ID : SA11AI.38051**

Amount of Each Receipt this Period  
175.00

Mission

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

Mailing Address 1017 Oriental Blvd

|                  |             |                   |
|------------------|-------------|-------------------|
| City<br>Brooklyn | State<br>NY | Zip Code<br>11235 |
|------------------|-------------|-------------------|

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

|                        |                       |
|------------------------|-----------------------|
| Name of Employer<br>YU | Occupation<br>Student |
|------------------------|-----------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : SA11AI.37999**

Amount of Each Receipt this Period  
36.00

Mission

Full Name (Last, First, Middle Initial)  
**C. Paul Bloom**

Mailing Address 19 Fairhill Rd

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Edison | State<br>NJ | Zip Code<br>08817 |
|----------------|-------------|-------------------|

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

|                  |            |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.38046**

Amount of Each Receipt this Period  
175.00

Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 386.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 82                |
|   | <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)<br><b>A. Jerry Blum</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2014<br><b>Transaction ID : SA11AI.37888</b> |
| Mailing Address 4 Manor Ct  |                                    | Amount of Each Receipt this Period<br>175.00  |
| City Edison   | State NJ                           | Zip Code 08817  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Mission   |
| Name of Employer<br>Self  | Occupation<br>Dentist              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>175.00 |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Robert Boiarsky</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>04 / 23 / 2014<br><b>Transaction ID : SA11AI.38045</b> |
| Mailing Address 156 E. Hamilton Avenue  |   | Amount of Each Receipt this Period<br>300.00  |
| City Englewood  | State NJ                                | Zip Code 07631  |
| FEC ID number of contributing federal political committee.<br>C   |   | Mission   |
| Name of Employer<br>Morgan Stanley/Columbia Presp Hospt   | Occupation<br>Securities Broker//Doctor |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>300.00      |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. perry bolkin</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 07 / 2014<br><b>Transaction ID : SA11AI.37848</b> |
| Mailing Address 1-42 36th st  |                                    | Amount of Each Receipt this Period<br>100.00  |
| City fair lawn  | State NJ                           | Zip Code 07410  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Mission<br>Earmark - Greenstein   |
| Name of Employer<br>n/a   | Occupation<br>n/a                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>225.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 575.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 12 OF 82                |
|   | (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  |

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

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

Mailing Address 4 Kinzel Lane

City West Orange State NJ Zip Code 07052

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 ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014

**Transaction ID : SA11AI.37908**

Amount of Each Receipt this Period  
 36.00

Mission

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

Mailing Address 40 West 86th Street, # 9 C

City New York State NY Zip Code 10024

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

Name of Employer Project Renewal, Inc. Occupation Attorney for a charity

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : SA11AI.38071**

Amount of Each Receipt this Period  
 75.00

Mission

**C. David Castro**  
Full Name (Last, First, Middle Initial)

Mailing Address 2525 Amsterdam Avenue

City New York State NY Zip Code 10033

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

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2014

**Transaction ID : SA11AI.38003**

Amount of Each Receipt this Period  
 36.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 147.00

**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 82                |
|   | <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. Haim Chasman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 548 Cumberland St.  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mall Marketing Systems Occupation Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 04 / 23 / 2014  
**Transaction ID : SA11AI.38048**  
Amount of Each Receipt this Period 425.00  
Mission

**B. Daniel Chazin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 863 Red Rd.  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 175.00

Date of Receipt 04 / 23 / 2014  
**Transaction ID : SA11AI.38044**  
Amount of Each Receipt this Period 175.00  
Mission

**C. Zephyr Chomsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Avenue At Port Imperial  
City West New York State NJ Zip Code 07093  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 125.00

Date of Receipt 04 / 18 / 2014  
**Transaction ID : SA11AI.37867**  
Amount of Each Receipt this Period 125.00  
Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 14 OF 82                |
|   | <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)<br><b>A. Ben Chouake</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 06 / 2014<br><b>Transaction ID : SA11AI.37846</b> |
| Mailing Address 245 Hutchinson Rd.  |                                     | Amount of Each Receipt this Period<br>2000.00   |
| City<br>Englewood   | State<br>NJ                         | Zip Code<br>07631   |
| FEC ID number of contributing federal political committee.<br>C   | Earmark - Enzi                      |   |
| Name of Employer<br>Self  | Occupation<br>MD                    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>8000.00 |   |

|   |                                      |   |
|---|--------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Esther Chouake</b>   |                                      | Date of Receipt<br>MM / DD / YYYY<br>04 / 07 / 2014<br><b>Transaction ID : SA11AI.37847</b> |
| Mailing Address 245 Hutchinson Rd.  |                                      | Amount of Each Receipt this Period<br>2600.00   |
| City<br>Englewood   | State<br>NJ                          | Zip Code<br>07631   |
| FEC ID number of contributing federal political committee.<br>C   | Earmark - Greenstein                 |   |
| Name of Employer<br>Self  | Occupation<br>MD                     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>10100.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Allan Cohen</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 14 / 2014<br><b>Transaction ID : SA11AI.37988</b> |
| Mailing Address 190 Vandelinda Ave  |                                    | Amount of Each Receipt this Period<br>600.00  |
| City<br>Teaneck   | State<br>NJ                        | Zip Code<br>07666   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer<br>NBCU  | Occupation<br>Accountant           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>600.00 |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 5200.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 15 OF 82                |
|   | (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  |

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

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

Mailing Address 2940 W. Lunt Ave

City Chicago State IL Zip Code 60645

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

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 29 / 2014  
**Transaction ID : SA11AI.38085**

Amount of Each Receipt this Period  
 36.00

Mission

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

Mailing Address 361 Lew Ellen Circle

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Business

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2014  
**Transaction ID : SA11AI.37821**

Amount of Each Receipt this Period  
 350.00

Mission

**C. Ann Dershowitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 39 Porter Road

City West Orange State NJ Zip Code 07052

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2014  
**Transaction ID : SA11AI.37931**

Amount of Each Receipt this Period  
 175.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 561.00

**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 16 OF 82                |
|   | <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. Jonathan Dyckman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 147-14 70th Avenue  
 City Flushing State NY Zip Code 11367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Unemployed Occupation Unemployed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2014  
**Transaction ID : SA11AI.38056**  
 Amount of Each Receipt this Period  
 175.00  
 Mission

**B. Eleanor Ehrenhalt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1401 Ocean Avenue,  
 City Brooklyn State NY Zip Code 11230  
 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 ▼ 175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37915**  
 Amount of Each Receipt this Period  
 175.00  
 Mission

**C. 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 ▼ 175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2014  
**Transaction ID : SA11AI.37993**  
 Amount of Each Receipt this Period  
 175.00  
 Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 525.00 |
| <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 17 OF 82   |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. miriam fagin</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 23 / 2014<br><b>Transaction ID : SA11AI.38025</b> |
| Mailing Address na  |                                    | Amount of Each Receipt this Period<br>250.00  |
| City na   | State NJ                           | Zip Code 07666  |
| FEC ID number of contributing federal political committee. C  |                                    | Mission   |
| Name of Employer na   | Occupation na                      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>250.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Harry Feder</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 08 / 2014<br><b>Transaction ID : SA11AI.37858</b> |
| Mailing Address 376 W 245th St  |                                     | Amount of Each Receipt this Period<br>1000.00   |
| City Bronx  | State NY                            | Zip Code 10471  |
| FEC ID number of contributing federal political committee. C  |                                     | Earmark - Coons   |
| Name of Employer IPNO   | Occupation Health Administrator     |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>3500.00 |   |

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Laura Fein</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>04 / 07 / 2014<br><b>Transaction ID : SA11AI.37852</b> |
| Mailing Address 277 Johnson Ave   |  | Amount of Each Receipt this Period<br>36.00   |
| City Teaneck  | State NJ                                     | Zip Code 07666  |
| FEC ID number of contributing federal political committee. C  |  | Earmark - Greenstein  |
| Name of Employer Zionist Organization of Americ   | Occupation Attorney, Exec. Dir. of nonprofit |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>261.00           |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 1286.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |         |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 18 OF 82                |
|   | <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. Dvora Feinblum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 119 E 29th St  
 City New York State NY Zip Code 10016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer YU Occupation Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2014  
**Transaction ID : SA11AI.38005**  
 Amount of Each Receipt this Period 36.00  
 Mission

**B. Joseph Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 149 Oak Street  
 City Tenafly State NJ Zip Code 07670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LPZ Management Corp Occupation Real Estate Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2014  
**Transaction ID : SA11AI.37971**  
 Amount of Each Receipt this Period 275.00  
 Mission

**C. Richard Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1035 E. Lawn Drive  
 City Teaneck State NJ Zip Code 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ASI Entertainment Occupation Market Researcher  
 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  
 04 / 18 / 2014  
**Transaction ID : SA11AI.38000**  
 Amount of Each Receipt this Period 100.00  
 Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 411.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

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

FOR LINE NUMBER: PAGE 19 OF 82  
(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. Deborah Feuer**  
 Mailing Address 312 Broad Avenue  
 City State Zip Code  
 Englewood NJ 07631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 n/a Homemaker  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2014  
**Transaction ID : SA11AI.37932**  
 Amount of Each Receipt this Period  
 450.00  
 Mission

Full Name (Last, First, Middle Initial)  
**B. Elana Flaumenhaft**  
 Mailing Address 392 Central park west  
 City State Zip Code  
 New York NY 10025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ma'ayanot High School Assistant Principal  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2014  
**Transaction ID : SA11AI.37927**  
 Amount of Each Receipt this Period  
 175.00  
 Mission

Full Name (Last, First, Middle Initial)  
**C. David Freilich**  
 Mailing Address 1111 Park Ave Apt 90TH  
 City State Zip Code  
 New York NY 10128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Student Student  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2014  
**Transaction ID : SA11AI.38068**  
 Amount of Each Receipt this Period  
 36.00  
 Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 661.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 82  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jerald Friedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1626 Buckingham Rd.  
 City State Zip Code  
 Teaneck NJ 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Oral surgeon  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37913**  
 Amount of Each Receipt this Period  
 500.00  
 Mission

**B. Renee Fromowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1346 Sussex Rd.  
 City State Zip Code  
 Teaneck NJ 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self Homemaker  
 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  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37914**  
 Amount of Each Receipt this Period  
 250.00  
 Mission

**C. Jonathan Gamss**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 Dudley Dr  
 City State Zip Code  
 Bergenfield NJ 07621  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Emergency Medical Associates Physician  
 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  
 04 / 25 / 2014  
**Transaction ID : SA11AI.38073**  
 Amount of Each Receipt this Period  
 200.00  
 Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 950.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 82                |
|   | <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 Gleaner**

Mailing Address 10 Gerdes Ave

City West Orange State NJ Zip Code 07052

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

Name of Employer B'nai Shalom Occupation Program Coordinator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37884**

Amount of Each Receipt this Period  
175.00

Mission

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

Mailing Address 10 Lonergan Lane

City West Orange State NJ Zip Code 07052

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 ▼  
175.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : SA11AI.37875**

Amount of Each Receipt this Period  
175.00

Mission

Full Name (Last, First, Middle Initial)  
**c. David Goldberg**

Mailing Address 357 Barrave

City Woodmere State NY Zip Code 11598

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2014  
**Transaction ID : SA11AI.37836**

Amount of Each Receipt this Period  
175.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00

**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 22 OF 82                |
|   | <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 Goldblatt**

Mailing Address 727 Welsh Rd

City State Zip Code  
Huntingdon Valley PA 19006

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

Name of Employer Occupation  
ZOA National Chairman

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  
04 / 04 / 2014  
**Transaction ID : SA11AI.37838**

Amount of Each Receipt this Period  
100.00

Donation

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

Mailing Address 285 Sunset Ave

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
Self Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2014  
**Transaction ID : SA11AI.37849**

Amount of Each Receipt this Period  
250.00

Earmark - Greenstein

Full Name (Last, First, Middle Initial)  
**C. Pearl Gross**

Mailing Address 605 east beech street

City State Zip Code  
Long Beach NY 11561

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

Name of Employer Occupation  
Student Student

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  
04 / 23 / 2014  
**Transaction ID : SA11AI.38041**

Amount of Each Receipt this Period  
125.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 475.00

**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 23 OF 82                |
|   | <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)<br><b>A. Eli Gutenmacher</b> |                                     | Date of Receipt   |
| Mailing Address 147-30 68th road                                     |                                     | <input type="text" value="04"/> / <input type="text" value="22"/> / <input type="text" value="2014"/> |
| City   | State                               | Zip Code  |
| Flushing   | NY                                  | 11367   |
| FEC ID number of contributing federal political committee.           | <input type="text" value="C"/>      | <b>Transaction ID : SA11AI.38023</b>  |
| Name of Employer   | Occupation                          | Amount of Each Receipt this Period  |
| NYC  | computer programmer                 | <input type="text" value="300.00"/>   |
| Receipt For:   | Aggregate Year-to-Date ▼            | Mission   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General    | <input type="text" value="300.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                           |                                     |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Ari Hagler</b>   |                                    | Date of Receipt   |
| Mailing Address 191 Edgemont Place                                |                                    | <input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2014"/> |
| City  | State                              | Zip Code  |
| Teaneck   | NJ                                 | 07666   |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>     | <b>Transaction ID : SA11AI.37958</b>  |
| Name of Employer  | Occupation                         | Amount of Each Receipt this Period  |
| Torah Academy of Bergen County                                    | Student                            | <input type="text" value="36.00"/>  |
| Receipt For:  | Aggregate Year-to-Date ▼           | Mission   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="36.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                    |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Sam Hauser</b>   |                                     | Date of Receipt   |
| Mailing Address 17 Kinzel Lane                                    |                                     | <input type="text" value="04"/> / <input type="text" value="06"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| West Orange   | NY                                  | 07052   |
| FEC ID number of contributing federal political committee.        | <input type="text" value="C"/>      | <b>Transaction ID : SA11AI.37951</b>  |
| Name of Employer  | Occupation                          | Amount of Each Receipt this Period  |
| na  | na                                  | <input type="text" value="175.00"/>   |
| Receipt For:  | Aggregate Year-to-Date ▼            | Mission   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="175.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="511.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text" value=""/>       |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 24 OF 82                |
|   | <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. Andrew Herenstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Dogwood Lane

City Lawrence State NY Zip Code 11559

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

Name of Employer Quadrangle Occupation Managing Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 04 / 2014  
**Transaction ID : SA11AI.37840**

Amount of Each Receipt this Period  
 1000.00

Earmark - Enzi

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

Mailing Address 245 Walnut Street

City Englewood State NJ Zip Code 07631

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

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 36.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2014  
**Transaction ID : SA11AI.37936**

Amount of Each Receipt this Period  
 36.00

Mission

**C. Nathan Hershkowitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1061 E 10th St

City Brooklyn State NY Zip Code 11230

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

Name of Employer Self Occupation DDS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37886**

Amount of Each Receipt this Period  
 175.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1211.00

**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 25 OF 82   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Benjamin Holczer</b>   |                                   | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2014<br><b>Transaction ID : SA11AI.37910</b> |
| Mailing Address 235 Maple St  |                                   | Amount of Each Receipt this Period<br>75.00   |
| City<br>West Hempstead  | State<br>NY                       | Zip Code<br>11552   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Mission   |
| Name of Employer<br>Self  | Occupation<br>Attorney            |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>75.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Paul Holm</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2014<br><b>Transaction ID : SA11AI.37878</b> |
| Mailing Address 305 West End Avenue, Apt. 1514  |                                    | Amount of Each Receipt this Period<br>350.00  |
| City<br>New York  | State<br>NY                        | Zip Code<br>10023   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Mission   |
| Name of Employer<br>Bloom Real Estate Group LLC   | Occupation<br>Real Estate Agent    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |   |

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Aviva Itzkowitz</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>04 / 14 / 2014<br><b>Transaction ID : SA11AI.37986</b> |
| Mailing Address 1646 Buckingham Rd.   |                                   | Amount of Each Receipt this Period<br>36.00   |
| City<br>Teaneck   | State<br>NJ                       | Zip Code<br>07666   |
| FEC ID number of contributing federal political committee.<br>C   |                                   | Mission   |
| Name of Employer<br>Self  | Occupation<br>Personal Assistant  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>36.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 461.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 26 OF 82                |
|   | (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  |

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

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

Mailing Address 118 DANA PL

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Inv

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : SA11AI.37977**

Amount of Each Receipt this Period  
175.00

Mission

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

Mailing Address 1050 Wall Street W Ste 230

City Lyndhurst State NJ Zip Code 07071-3622

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

Name of Employer Self Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2014  
**Transaction ID : SA11AI.37857**

Amount of Each Receipt this Period  
150.00

Earmark - Coons

Full Name (Last, First, Middle Initial)  
**C. Jonathan Joels**

Mailing Address 191 S. Woodland St.

City Englewood State NJ Zip Code 07631

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

Name of Employer Bookwell Mgmt. Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.38026**

Amount of Each Receipt this Period  
175.00

Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 500.00 |
| <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 27 OF 82                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   |   | <input type="checkbox"/> 15  |
|   |   | <input type="checkbox"/> 16  |
|   |   | <input type="checkbox"/> 17  |

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

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

Mailing Address 3020 Palisade Ave.

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Bronx | State<br>NY | Zip Code<br>10463 |
|---------------|-------------|-------------------|

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

|                         |                   |
|-------------------------|-------------------|
| Name of Employer<br>IDT | Occupation<br>CEO |
|-------------------------|-------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 30  | / | 2014    |

**Transaction ID : SA11AI.37918**

Amount of Each Receipt this Period  
5000.00

Mission

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

Mailing Address 4730 Fieldston Rd

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Bronx | State<br>NY | Zip Code<br>10471 |
|---------------|-------------|-------------------|

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

|                                 |                                |
|---------------------------------|--------------------------------|
| Name of Employer<br>Planet Fuel | Occupation<br>Private Investor |
|---------------------------------|--------------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 02  | / | 2014    |

**Transaction ID : SA11AI.37830**

Amount of Each Receipt this Period  
1000.00

Earmark - Coons

Full Name (Last, First, Middle Initial)  
**C. Michael Kaplowitz**

Mailing Address 3014 Arlington Ave

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Bronx | State<br>NY | Zip Code<br>10463 |
|---------------|-------------|-------------------|

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

|                          |                  |
|--------------------------|------------------|
| Name of Employer<br>Self | Occupation<br>MD |
|--------------------------|------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 04  | / | 23  | / | 2014    |

**Transaction ID : SA11AI.38024**

Amount of Each Receipt this Period  
175.00

Mission

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 6175.00 |
| <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 28 OF 82                |
|   | <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. Avi Katz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 553 Winthrop Rd.  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UBS Wealth Management Occupation Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : SA11AI.37902**  
Amount of Each Receipt this Period **300.00**  
Mission

**B. Mordecai Katz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 300 E. Linden Ave.  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **7000.00**

Date of Receipt **04 / 07 / 2014**  
**Transaction ID : SA11AI.37850**  
Amount of Each Receipt this Period **2000.00**  
Earmark - Greenstein

**C. Cassandra Kety**  
Full Name (Last, First, Middle Initial)  
Mailing Address 235 Summit RD  
City Elizabeth State NJ Zip Code 07028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Barnabus Health Occupation Surgical Assistant  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **175.00**

Date of Receipt **04 / 03 / 2014**  
**Transaction ID : SA11AI.37943**  
Amount of Each Receipt this Period **175.00**  
Mission

**SUBTOTAL** of Receipts This Page (optional)..... **2475.00**  
**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 29 OF 82                |
|   | <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)<br><b>A. Aaron Kinderlehrer</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 07 / 2014<br><b>Transaction ID : SA11AI.37853</b> |
| Mailing Address 138-12 76th Ave   |                                    | Amount of Each Receipt this Period<br>175.00  |
| City<br>Kew Garden Hills  | State<br>NY                        | Zip Code<br>11367   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer<br>Self  | Occupation<br>Attorney             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>175.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. sharon kinstlinger</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 24 / 2014<br><b>Transaction ID : SA11AI.38069</b> |
| Mailing Address 284 merrison rd   |                                    | Amount of Each Receipt this Period<br>200.00  |
| City<br>teaneck   | State<br>NJ                        | Zip Code<br>07666   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer<br>kiryas joel school  | Occupation<br>md                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>200.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. sharon kinstlinger</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 24 / 2014<br><b>Transaction ID : SA11AI.38070</b> |
| Mailing Address 284 merrison rd   |                                    | Amount of Each Receipt this Period<br>150.00  |
| City<br>teaneck   | State<br>NJ                        | Zip Code<br>07666   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer<br>kiryas joel school  | Occupation<br>md                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 525.00 |
| <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 30 OF 82                |
|   | <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. Aryeh Klahr**

Mailing Address 90 S. Woodland St.

City Englewood State NJ Zip Code 07631

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

Name of Employer Industrial Med. Associates PC Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 28 / 2014  
**Transaction ID : SA11AI.38083**

Amount of Each Receipt this Period  
275.00

Mission

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

Mailing Address 3333 Henry Hudson Pkwy Apt 4Y

City Riverdale State NY Zip Code 10463

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2014  
**Transaction ID : SA11AI.37945**

Amount of Each Receipt this Period  
175.00

Mission

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : SA11AI.37975**

Amount of Each Receipt this Period  
175.00

Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 625.00 |
| <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 31 OF 82                |
|   | <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. Pearl Korenblit**  
Full Name (Last, First, Middle Initial)  
Mailing Address 266 Pennington Ave  
City Passaic State NJ Zip Code 07055  
FEC ID number of contributing federal political committee. **C**  
Name of Employer YU Occupation Student  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **36.00**

Date of Receipt **04 / 27 / 2014**  
**Transaction ID : SA11AI.38082**  
Amount of Each Receipt this Period **36.00**  
Mission

**B. Abraham J. Kramer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 216 S. Dwight Place  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation Retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2500.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : SA11AI.37919**  
Amount of Each Receipt this Period **2500.00**  
Mission

**C. Harry Kramer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 236 Chestnut St  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Frisch Occupation Student  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 04 / 2014**  
**Transaction ID : SA11AI.37842**  
Amount of Each Receipt this Period **300.00**  
Mission

**SUBTOTAL** of Receipts This Page (optional)..... **2836.00**  
**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 32 OF 82                |
|   | <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. Joshua Kupchik**  
Full Name (Last, First, Middle Initial)

Mailing Address 826 Bradley Street

City West Hempstead State NY Zip Code 11552

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 ▼  
36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.38029**

Amount of Each Receipt this Period  
 36.00

Mission

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

Mailing Address 3 Parson Dr

City West Orange State NJ Zip Code 07052

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

Name of Employer FedEx Occupation FedEx

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37881**

Amount of Each Receipt this Period  
 36.00

Mission

**C. David Laufer**  
Full Name (Last, First, Middle Initial)

Mailing Address 639 Adams Place

City West Hempstead State NY Zip Code 11552

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

Name of Employer R.L. Plastics Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.38030**

Amount of Each Receipt this Period  
 175.00

Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 247.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |



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

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

FOR LINE NUMBER: PAGE 33 OF 82  
(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. james Lavin**

Mailing Address 483 Winthrop Rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
lavin Holdings LLC Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 /  /   
 04 / 22 / 2014  
**Transaction ID : SA11AI.38020**

Amount of Each Receipt this Period  
175.00

Mission

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

Mailing Address 50 E 34th Street

City State Zip Code  
New York NY 10016

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

Name of Employer Occupation  
Student Student

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36.00

Date of Receipt  
 /  /   
 04 / 20 / 2014  
**Transaction ID : SA11AI.38011**

Amount of Each Receipt this Period  
36.00

Mission

Full Name (Last, First, Middle Initial)  
**C. Michael Lebor**

Mailing Address 29 Margaret Ave

City State Zip Code  
Lawrence NY 11559

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

Name of Employer Occupation  
Self Internet Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 /  /   
 04 / 27 / 2014  
**Transaction ID : SA11AI.38080**

Amount of Each Receipt this Period  
350.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 561.00

**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 34 OF 82   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <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. Debbie Lesser**

Mailing Address 5 Reid Street

City West Orange State NJ Zip Code 07052

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

Name of Employer Newgistics Occupation Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2014  
**Transaction ID : SA11AI.38019**

Amount of Each Receipt this Period  
175.00

Mission

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

Mailing Address 814 Downing St

City Teaneck State NJ Zip Code 07666

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

Name of Employer Self Occupation RN

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2014  
**Transaction ID : SA11AI.37946**

Amount of Each Receipt this Period  
300.00

Mission

Full Name (Last, First, Middle Initial)  
**C. Hannah Levin**

Mailing Address 6 Gel Court

City Monsey State NY Zip Code 10952

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

Name of Employer Tuoro College Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : SA11AI.37865**

Amount of Each Receipt this Period  
36.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 511.00

**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 35 OF 82                |
|   | <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. Saul Levine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 604 Rutland Ave.  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Horizon Project Advisors Occupation Construction Consultant  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **336.00**

Date of Receipt **04 / 10 / 2014**  
**Transaction ID : SA11AI.38131**  
Amount of Each Receipt this Period **100.00**  
In-kind - Mission 2014 Bus Tip

**B. Anita Levy**  
Full Name (Last, First, Middle Initial)  
Mailing Address na  
City na State CA Zip Code 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer YU Occupation Student  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **36.00**

Date of Receipt **04 / 24 / 2014**  
**Transaction ID : SA11AI.38064**  
Amount of Each Receipt this Period **36.00**  
Mission

**C. Henry Levy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 77 walnut ct  
City englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer knight capital Occupation salesmen  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **125.00**

Date of Receipt **04 / 11 / 2014**  
**Transaction ID : SA11AI.37859**  
Amount of Each Receipt this Period **125.00**  
Mission

**SUBTOTAL** of Receipts This Page (optional)..... **261.00**  
**TOTAL** This Period (last page this line number only).....

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 36 OF 82                |
|   | (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  |

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

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

Mailing Address 92 Chestnut Place

City Englewood State NJ Zip Code 07631

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

Name of Employer Gem Asset Management Occupation Investor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2925.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 04 / 2014  
**Transaction ID : SA11AI.37843**

Amount of Each Receipt this Period  
425.00

Mission

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

Mailing Address 5 McCune Ct

City West Orange State NJ Zip Code 07052

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

Name of Employer Metrowest UJC Occupation Educator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37907**

Amount of Each Receipt this Period  
175.00

Mission

**C. Nathan J. Lindenbaum**  
Full Name (Last, First, Middle Initial)

Mailing Address 464 Winthrop Rd.

City Teaneck State NJ Zip Code 07666

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

Name of Employer MGS Corp. Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
6800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2014  
**Transaction ID : SA11AI.37862**

Amount of Each Receipt this Period  
1800.00

Donations

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2400.00

**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 37 OF 82                |
|   | <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. Clive Lipshitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 616 Ogden Ave.

City Teaneck State NJ Zip Code 07666

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

Name of Employer Credit Suisse First Boston Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 12 / 2014  
**Transaction ID : SA11AI.37978**

Amount of Each Receipt this Period  
 300.00

Mission

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

Mailing Address 28 Lakeview Dr

City West Orange State NJ Zip Code 07052

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

Name of Employer Self Occupation Pharmaceutical

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 368.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.38133**

Amount of Each Receipt this Period  
 143.38

In-kind - Mission 2014 Breakfast

**C. Eliot Listman**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Harold Road

City Woodmere State NY Zip Code 11598

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

Name of Employer Active Broadband Networks Occupation Technology Business/ Lawyer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2014  
**Transaction ID : SA11AI.37962**

Amount of Each Receipt this Period  
 300.00

Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 743.38 |
| <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 38 OF 82   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Aaron Litchman</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 23 / 2014<br><b>Transaction ID : SA11AI.38050</b> |
| Mailing Address 797 Winthrop Rd   |                                    | Amount of Each Receipt this Period<br>125.00  |
| City<br>Teaneck   | State<br>NJ                        | Zip Code<br>07666   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer<br>Student   | Occupation<br>Student              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>125.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Manuel Litchman</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 23 / 2014<br><b>Transaction ID : SA11AI.38038</b> |
| Mailing Address 797 Winthrop Rd   |                                    | Amount of Each Receipt this Period<br>175.00  |
| City<br>Teaneck   | State<br>NJ                        | Zip Code<br>07666   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer<br>Novartis Pharmaceuticals Corpo  | Occupation<br>Pharmaceuticals      |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>175.00 |   |

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Shira Litchman</b>   |                                   | Date of Receipt<br>MM / DD / YYYY<br>04 / 20 / 2014<br><b>Transaction ID : SA11AI.38008</b> |
| Mailing Address 797 Winthrop Road   |                                   | Amount of Each Receipt this Period<br>36.00   |
| City<br>Teaneck   | State<br>NJ                       | Zip Code<br>07666   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                           |   |
| Name of Employer<br>Student   | Occupation<br>Student             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>36.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 336.00 |
| <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 39 OF 82                |
|   | <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. Shira Litchman**  
Full Name (Last, First, Middle Initial)

Mailing Address 797 Winthrop Road

City Teaneck State NJ Zip Code 07666

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

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **72.00**

Date of Receipt **04 / 20 / 2014**

**Transaction ID : SA11AI.38009**

Amount of Each Receipt this Period **36.00**

Mission

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

Mailing Address 201 Exiter Way

City Hillside State NJ Zip Code 07205

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

Name of Employer Animal Health Center Occupation Veterinarian

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **175.00**

Date of Receipt **04 / 01 / 2014**

**Transaction ID : SA11AI.37929**

Amount of Each Receipt this Period **175.00**

Mission

**C. Yitzy Marcus**  
Full Name (Last, First, Middle Initial)

Mailing Address 137-23 70th Rd

City Flushing State NY Zip Code 11367

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

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **72.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : SA11AI.37899**

Amount of Each Receipt this Period **72.00**

Mission

**SUBTOTAL** of Receipts This Page (optional)..... **283.00**

**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 40 OF 82   |
| <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. Joseph Mark**  
Full Name (Last, First, Middle Initial)

Mailing Address 166 Norma Road

City Teaneck State NJ Zip Code 07666

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

Name of Employer Hambro America Inc. Occupation Investment Banker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37895**

Amount of Each Receipt this Period  
 500.00

Mission

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

Mailing Address 360 Central Ave

City Lawrence State NY Zip Code 11559

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 ▼ 175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37890**

Amount of Each Receipt this Period  
 175.00

Mission

**C. Corrie Mathias**  
Full Name (Last, First, Middle Initial)

Mailing Address 6621 Clearhaven Circle

City Dallas State TX Zip Code 75248

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

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2014  
**Transaction ID : SA11AI.38066**

Amount of Each Receipt this Period  
 36.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 711.00

**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 41 OF 82                |
|   | <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)<br><b>A. Bradley Mehl</b> |                                    | Date of Receipt   |
| Mailing Address 35 Nance Road                                     |                                    | <input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2014"/> |
| City  | State                              | Zip Code  |
| West Orange   | NJ                                 | 07052   |
| FEC ID number of contributing federal political committee.        |                                    | Transaction ID : <b>SA11AI.37834</b>  |
| <input type="text" value="C"/>                                    |                                    | Amount of Each Receipt this Period  |
|   |                                    | <input type="text" value="25.00"/>  |
| Name of Employer  | Occupation                         | Mission   |
| n/a   | student                            |   |
| Receipt For:  | Aggregate Year-to-Date ▼           |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="25.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                    |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shaun Meller</b> |                                     | Date of Receipt   |
| Mailing Address 50 Lovell Lane                                    |                                     | <input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| New Rochelle  | NY                                  | 10804   |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID : <b>SA11AI.38032</b>  |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="300.00"/>   |
| Name of Employer  | Occupation                          | Mission   |
| The Federal Savings Bank  | Banker                              |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="300.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Alan Miller</b>  |                                     | Date of Receipt   |
| Mailing Address 214 Walnut St.                                    |                                     | <input type="text" value="04"/> / <input type="text" value="18"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| Englewood   | NJ                                  | 07631   |
| FEC ID number of contributing federal political committee.        |                                     | Transaction ID : <b>SA11AI.37870</b>  |
| <input type="text" value="C"/>                                    |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="300.00"/>   |
| Name of Employer  | Occupation                          | Mission   |
| Bergen Orthopedic Surgery   | Physician                           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="300.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                        |                                     |   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="625.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 42 OF 82                |
|   | <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)<br><b>A. Howard Miller</b>  |                                      | Date of Receipt   |
| Mailing Address 158 Grand Ave.  |                                      | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City  | State                                | Zip Code  |
| Englewood   | NJ                                   | 07631   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>       |   |
| Name of Employer  | Occupation                           |   |
| Paine Webber  | Trader                               |   |
| Receipt For:  | Aggregate Year-to-Date ▼             |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1175.00"/> |   |
|   |                                      | Amount of Each Receipt this Period<br><input type="text" value="175.00"/>                             |
|   |                                      | Mission   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Karen Miller</b>   |                                    | Date of Receipt   |
| Mailing Address 5 Cunningham Drive  |                                    | <input type="text" value="04"/> / <input type="text" value="01"/> / <input type="text" value="2014"/> |
| City  | State                              | Zip Code  |
| West Orange   | NJ                                 | 07052   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>     |   |
| Name of Employer  | Occupation                         |   |
| Self  | Artist/Therapist                   |   |
| Receipt For:  | Aggregate Year-to-Date ▼           |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="36.00"/> |   |
|   |                                    | Amount of Each Receipt this Period<br><input type="text" value="36.00"/>                              |
|   |                                    | Mission   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Lyla Miller</b>  |                                     | Date of Receipt   |
| Mailing Address 922 mayfield road   |                                     | <input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| Woodmere  | NY                                  | 11598   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |   |
| Name of Employer  | Occupation                          |   |
| protestant school board of gre  | retired                             |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="350.00"/> |   |
|   |                                     | Amount of Each Receipt this Period<br><input type="text" value="350.00"/>                             |
|   |                                     | Mission   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="561.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 43 OF 82                |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 13             | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 12  |
|   | <input type="checkbox"/> 15             | <input type="checkbox"/> 16  |
|   | <input type="checkbox"/> 17             |                              |

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

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

Mailing Address 863 Baldwin Rd

City Highland Park State IL Zip Code 60035

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

Name of Employer Student Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.38043**

Amount of Each Receipt this Period  
 36.00

Mission

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

Mailing Address 1005 Plowshare Rd

City Yardley State PA Zip Code 19067

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

Name of Employer Burlington Coat Factory Occupation Owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 18 / 2014  
**Transaction ID : SA11AI.37863**

Amount of Each Receipt this Period  
 1000.00

Earmark - Cantor

Full Name (Last, First, Middle Initial)  
**C. Shlomo Miodownik**

Mailing Address 7118 136th St

City Flushing State NY Zip Code 11367

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 ▼  
150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37883**

Amount of Each Receipt this Period  
 150.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1186.00

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

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

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

FOR LINE NUMBER: PAGE 44 OF 82  
(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. Shimon Mordzynski**

Mailing Address 6 Birchwood Dr

City Livingston      State NJ      Zip Code 07039

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

Name of Employer Self      Occupation IT

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2014  
**Transaction ID : SA11AI.37823**

Amount of Each Receipt this Period  
175.00

Mission

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

Mailing Address 75 Lee Place

City Bergenfield      State NJ      Zip Code 07621

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

Name of Employer Student      Occupation Student

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2014  
**Transaction ID : SA11AI.38013**

Amount of Each Receipt this Period  
36.00

Mission

Full Name (Last, First, Middle Initial)  
**C. Shaul Morrison**

Mailing Address 75 Lee Place

City Bergenfield      State NJ      Zip Code 07621

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

Name of Employer Student      Occupation Student

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
72.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 20 / 2014  
**Transaction ID : SA11AI.38015**

Amount of Each Receipt this Period  
36.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 247.00

**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 45 OF 82                |
|   | <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. Ahava Muskat**  
Full Name (Last, First, Middle Initial)  
Mailing Address 273 Waukena Avenue  
City Oceanside State NY Zip Code 11572  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Student Occupation Student  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **36.00**

Date of Receipt **04 / 20 / 2014**  
**Transaction ID : SA11AI.38017**  
Amount of Each Receipt this Period **36.00**  
Mission

**B. Rachel Namdar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 120-15 84th Ave.  
City Kew Gardens Hills State NY Zip Code 11415  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Student Occupation Student  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **36.00**

Date of Receipt **04 / 17 / 2014**  
**Transaction ID : SA11AI.37995**  
Amount of Each Receipt this Period **36.00**  
Mission

**C. Toni Nayowitz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 493 Forest Avenue  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Judaica House, Teaneck, NJ Occupation Retail  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1025.00**

Date of Receipt **04 / 07 / 2014**  
**Transaction ID : SA11AI.37851**  
Amount of Each Receipt this Period **200.00**  
Earmark - Greenstein

**SUBTOTAL** of Receipts This Page (optional)..... **272.00**  
**TOTAL** This Period (last page this line number only).....

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 46 OF 82   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Yossef Niazoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14019 69th Rd  
 City Flushing State NY Zip Code 11367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Student Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **36.00**

Date of Receipt  
 04 / 24 / 2014  
**Transaction ID : SA11AI.38060**  
 Amount of Each Receipt this Period  
**36.00**  
 Mission

**B. Marvin Nissenbaum**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1549 E 29th St  
 City Brooklyn State NY Zip Code 11229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Retired Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **175.00**

Date of Receipt  
 04 / 11 / 2014  
**Transaction ID : SA11AI.37861**  
 Amount of Each Receipt this Period  
**175.00**  
 Mission

**C. Paul Pheffer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Ely Place  
 City Edison State NJ Zip Code 08817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer none Occupation Retired  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **175.00**

Date of Receipt  
 04 / 02 / 2014  
**Transaction ID : SA11AI.37933**  
 Amount of Each Receipt this Period  
**175.00**  
 Mission

**SUBTOTAL** of Receipts This Page (optional)..... **386.00**  
**TOTAL** This Period (last page this line number only).....

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 47 OF 82                |
|   | <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. Michael Pinter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 74 Margaret Avenue  
City Lawrence State NY Zip Code 11559  
FEC ID number of contributing federal political committee. **C**  
Name of Employer First Meridian Mortgage Occupation Mortgage Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 08 / 2014  
**Transaction ID : SA11AI.37957**  
Amount of Each Receipt this Period 300.00  
Mission

**B. Stephen Plotsker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 237 Oakford Street  
City West Hempstead State NY Zip Code 11552  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BPS SOLUTIONS, INC. Occupation Advertising Exec  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 175.00

Date of Receipt 04 / 13 / 2014  
**Transaction ID : SA11AI.37979**  
Amount of Each Receipt this Period 175.00  
Mission

**C. Joshua Pollack**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14744 71st Rd Apt 2  
City Flushing State NY Zip Code 11367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Mortgage Loan Originator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 18 / 2014  
**Transaction ID : SA11AI.37873**  
Amount of Each Receipt this Period 300.00  
Mission

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 48 OF 82                |
|   | <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)<br><b>A. Elozor Preil</b>   |                                     | Date of Receipt   |
| Mailing Address 65 Maiden Lane  |                                     | <input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| Bergenfield   | NJ                                  | 07621   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |   |
| Name of Employer  | Occupation                          |   |
| Guardian Life   | Financial Rep                       |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="250.00"/> |   |
|   |                                     | Mission   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="250.00"/>   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Adeena Pultman</b>   |                                     | Date of Receipt   |
| Mailing Address 172 bennett road  |                                     | <input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| Teaneck   | NJ                                  | 07666   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |   |
| Name of Employer  | Occupation                          |   |
| na  | na                                  |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="175.00"/> |   |
|   |                                     | Mission   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="175.00"/>   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Rachel Quint</b>   |                                     | Date of Receipt   |
| Mailing Address 4515 Greystone  |                                     | <input type="text" value="04"/> / <input type="text" value="07"/> / <input type="text" value="2014"/> |
| City  | State                               | Zip Code  |
| Fieldstone  | NY                                  | 10471   |
| FEC ID number of contributing federal political committee.  | <input type="text" value="C"/>      |   |
| Name of Employer  | Occupation                          |   |
| n/a   | Homemaker                           |   |
| Receipt For:  | Aggregate Year-to-Date ▼            |   |
| <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | <input type="text" value="425.00"/> |   |
|   |                                     | Mission   |
|   |                                     | Amount of Each Receipt this Period  |
|   |                                     | <input type="text" value="250.00"/>   |

|  |                                     |
|--|-------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <input type="text" value="675.00"/> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | <input type="text"/>                |



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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 49 OF 82                |
|   | <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)<br><b>A. Michael Rabinowitz</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 06 / 2014<br><b>Transaction ID : SA11AI.37947</b> |
| Mailing Address 21 Ryan road  |                                    | Amount of Each Receipt this Period<br>75.00   |
| City Edison   | State NJ                           | Zip Code 08817  |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer<br>Bank of America   | Occupation<br>software engineer    |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>200.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Andrew Rhodes</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 10 / 2014<br><b>Transaction ID : SA11AI.37974</b> |
| Mailing Address 1261 trafalgar street   |                                    | Amount of Each Receipt this Period<br>175.00  |
| City teaneck  | State NJ                           | Zip Code 07666  |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer<br>Hycrete inc   | Occupation<br>Manager              |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>175.00 |   |

|   |                                   |   |
|---|-----------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Hannah Rogawski</b>  |                                   | Date of Receipt<br>MM / DD / YYYY<br>04 / 03 / 2014<br><b>Transaction ID : SA11AI.37938</b> |
| Mailing Address 607 north mansfield avenue  |                                   | Amount of Each Receipt this Period<br>36.00   |
| City Los Angeles  | State CA                          | Zip Code 90036  |
| FEC ID number of contributing federal political committee.<br>C   | Mission                           |   |
| Name of Employer<br>Student   | Occupation<br>Student             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>36.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 286.00 |
| <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 50 OF 82                |
|   | <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. Daniel Rosenblatt**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Harrison Ave

City Highland Park State NJ Zip Code 08904

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

Name of Employer JFK Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2014  
**Transaction ID : SA11AI.37934**

Amount of Each Receipt this Period  
 425.00

Mission

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

Mailing Address 144-15 69th Road

City Flushing State NY Zip Code 11367

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

Name of Employer NYC Dept of Education Occupation Teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2014  
**Transaction ID : SA11AI.37976**

Amount of Each Receipt this Period  
 175.00

Mission

**C. yechiel rotblat**  
Full Name (Last, First, Middle Initial)

Mailing Address 387 maitland ave

City teaneck State NJ Zip Code 07666

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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.38039**

Amount of Each Receipt this Period  
 300.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 900.00

**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 51 OF 82   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Esti Routhenstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 McGuirk Lane  
 City West Orange State NJ Zip Code 07052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mudd Institute Occupation Student  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 36.00

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37880**  
 Amount of Each Receipt this Period 36.00  
 Mission

**B. Juliet Rutner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24 Curtis Ave  
 City West Orange State NJ Zip Code 07052  
 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 ▼ 125.00

Date of Receipt  
 04 / 17 / 2014  
**Transaction ID : SA11AI.37997**  
 Amount of Each Receipt this Period 125.00  
 Mission

**C. Izzy Salomon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 82 Edgemont Pl  
 City Teaneck State NJ Zip Code 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37897**  
 Amount of Each Receipt this Period 650.00  
 Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 811.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 52 OF 82  
(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. Robyn Samuels**  
Mailing Address 150 West End Avenue, #5M  
City State Zip Code  
New York NY 10023  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
TFMG Associates Investments  
Receipt For:  
 Primary     General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 01 / 2014  
**Transaction ID : SA11AI.37921**  
Amount of Each Receipt this Period  
300.00  
Mission

Full Name (Last, First, Middle Initial)  
**B. Robert Schanzer**  
Mailing Address 25 Perry Rd  
City State Zip Code  
Edison NJ 08816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Investor  
Receipt For:  
 Primary     General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014  
**Transaction ID : SA11AI.37917**  
Amount of Each Receipt this Period  
900.00  
Mission

Full Name (Last, First, Middle Initial)  
**C. Martin Scharf**  
Mailing Address 320 Ocean Ave  
City State Zip Code  
Lawrence NY 11559  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Self Real Estate  
Receipt For:  
 Primary     General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2014  
**Transaction ID : SA11AI.37844**  
Amount of Each Receipt this Period  
1250.00  
Earmark - Enzi

**SUBTOTAL** of Receipts This Page (optional).....▶ 2450.00  
**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 53 OF 82                |
|   | <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. Martin Scharf**

Mailing Address 320 Ocean Ave

City Lawrence State NY Zip Code 11559

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

Name of Employer Self Occupation Real Estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2014  
**Transaction ID : SA11AI.37845**

Amount of Each Receipt this Period  
3750.00

Donation

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

Mailing Address 11605 Gainsborough Road

City Potomac State MD Zip Code 20854

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

Name of Employer YU Occupation Student

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2014  
**Transaction ID : SA11AI.37990**

Amount of Each Receipt this Period  
36.00

Mission

Full Name (Last, First, Middle Initial)  
**C. Martin Schlakman**

Mailing Address 200 Lyman place

City Englewood State NJ Zip Code 07631

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

Name of Employer psychiatry assoc. Occupation physician

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  
 04 / 26 / 2014  
**Transaction ID : SA11AI.38078**

Amount of Each Receipt this Period  
200.00

Mission

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 3986.00 |
| <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 54 OF 82                |
|   | <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. Lucy Schmeidler**  
Full Name (Last, First, Middle Initial)  
Mailing Address 70-14 141st St  
City Kew Gardens Hills State NY Zip Code 11367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Freelance Writer Occupation: Self  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **175.00**

Date of Receipt: 04 / 01 / 2014  
**Transaction ID : SA11AI.37827**  
Amount of Each Receipt this Period: 175.00  
Mission

**B. Gloria Schreiber**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 chestnut st apta7  
City cedarhurst State NY Zip Code 11516  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: retired Occupation: retired  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **175.00**

Date of Receipt: 04 / 07 / 2014  
**Transaction ID : SA11AI.37856**  
Amount of Each Receipt this Period: 175.00  
Mission

**C. Myron Schulman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 540 Warwick Ave.  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Self Occupation: Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **175.00**

Date of Receipt: 04 / 19 / 2014  
**Transaction ID : SA11AI.38001**  
Amount of Each Receipt this Period: 175.00  
Mission

**SUBTOTAL** of Receipts This Page (optional)..... **525.00**  
**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 55 OF 82                |
|   | <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. James Schwalbe**  
Full Name (Last, First, Middle Initial)

Mailing Address 320 Walnut St.

City Englewood State NJ Zip Code 07631

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

Name of Employer James E Schwalbe PC Occupation attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2014  
**Transaction ID : SA11AI.37939**

Amount of Each Receipt this Period  
 675.00

Mission

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

Mailing Address 324 Oakwood Rd

City Englewood State NJ Zip Code 07631

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

Name of Employer Amarin Occupation Director of IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2014  
**Transaction ID : SA11AI.37925**

Amount of Each Receipt this Period  
 175.00

Mission

**C. Michele Seelenfreund**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Sealy Drive

City Lawrence State NY Zip Code 11559

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 ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 02 / 2014  
**Transaction ID : SA11AI.37832**

Amount of Each Receipt this Period  
 275.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1125.00

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

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 56 OF 82                |
|   | (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  |

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

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

Mailing Address 267 Maple St

City Englewood State NJ Zip Code 07631

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

Name of Employer Shapiro & Shapiro Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2014  
**Transaction ID : SA11AI.37948**

Amount of Each Receipt this Period  
175.00

Mission

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

Mailing Address 267 Maple St

City Englewood State NJ Zip Code 07631

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

Name of Employer Shapiro & Shapiro Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 06 / 2014  
**Transaction ID : SA11AI.37949**

Amount of Each Receipt this Period  
175.00

Mission

Full Name (Last, First, Middle Initial)  
**C. cheryl shmulewitz**

Mailing Address 22 constitution ct

City east brunswick State NJ Zip Code 08816

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

Name of Employer self Occupation self

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 17 / 2014  
**Transaction ID : SA11AI.37991**

Amount of Each Receipt this Period  
300.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 650.00

**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 57 OF 82   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. David Simons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 W 58th St  
 City New York State NY Zip Code 10019  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Business  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt  
 04 / 07 / 2014  
**Transaction ID : SA11AI.37855**  
 Amount of Each Receipt this Period  
 175.00  
 Mission

**B. Tzvi Small**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 Fountain Road  
 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 ▼ 350.00

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37903**  
 Amount of Each Receipt this Period  
 350.00  
 Mission

**C. Helen Stein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 319 Lawrence Ave  
 City Highland Park State NJ Zip Code 08904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bank of America Occupation Architect  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt  
 04 / 24 / 2014  
**Transaction ID : SA11AI.38058**  
 Amount of Each Receipt this Period  
 175.00  
 Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 58 OF 82                |
|   | <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. Deborah Stern-Blumenthal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 huguenot avenue  
 City Englewood State NJ Zip Code 07631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.37983**  
 Amount of Each Receipt this Period  
 175.00  
 Mission

**B. Deborah Stern-Blumenthal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 139 huguenot avenue  
 City Englewood State NJ Zip Code 07631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2014  
**Transaction ID : SA11AI.37984**  
 Amount of Each Receipt this Period  
 125.00  
 Mission

**C. Gary Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 Phelps Rd.  
 City Teaneck State NJ Zip Code 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BNY Mellon Occupation IT Manager  
 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  
 04 / 08 / 2014  
**Transaction ID : SA11AI.37963**  
 Amount of Each Receipt this Period  
 125.00  
 Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 425.00 |
| <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 59 OF 82   |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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

**A. Gary Stone**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 Phelps Rd.  
 City Teaneck State NJ Zip Code 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer BNY Mellon Occupation IT Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 08 / 2014  
**Transaction ID : SA11AI.37965**  
 Amount of Each Receipt this Period 175.00  
 Mission

**B. Michael Strulowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 96 Dwight Pl  
 City Englewood State NJ Zip Code 07631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 20 / 2014  
**Transaction ID : SA11AI.38006**  
 Amount of Each Receipt this Period 300.00  
 Mission

**C. Ronald Sultan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Swayze St  
 City West Orange State NJ Zip Code 07052  
 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 ▼ 350.00

Date of Receipt 04 / 20 / 2014  
**Transaction ID : SA11AI.38007**  
 Amount of Each Receipt this Period 350.00  
 Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 825.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 60 OF 82                |
|   | <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. Vernon Sulzberger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 435 Dunster Dr  
 City West Hempstead State NY Zip Code 11552  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ADP Occupation Accountant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **175.00**

Date of Receipt **04 / 08 / 2014**  
**Transaction ID : SA11AI.37956**  
 Amount of Each Receipt this Period **175.00**  
 Mission

**B. Edward Susman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1285 Wellington Ave  
 City Teaneck State NJ Zip Code 07666  
 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 **150.00**

Date of Receipt **04 / 25 / 2014**  
**Transaction ID : SA11AI.38075**  
 Amount of Each Receipt this Period **150.00**  
 Mission

**C. Gabriel Szafranski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 557 south forest drive  
 City Teaneck State NJ Zip Code 07666  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Student Occupation Student  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **72.00**

Date of Receipt **04 / 09 / 2014**  
**Transaction ID : SA11AI.37967**  
 Amount of Each Receipt this Period **72.00**  
 Mission

|   |               |
|---|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | <b>397.00</b> |
| <b>TOTAL</b> This Period (last page this line number only)..... |               |

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 61 OF 82                |
|   | <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)<br><b>A. Debra Trachtenberg</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 01 / 2014<br><b>Transaction ID : SA11AI.37819</b> |
| Mailing Address 308 Thornton Rd   |                                    | Amount of Each Receipt this Period<br>175.00  |
| City<br>Englewood   | State<br>NJ                        | Zip Code<br>07631   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer  | Occupation                         |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>175.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Shirley Wald</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 24 / 2014<br><b>Transaction ID : SA11AI.38053</b> |
| Mailing Address 303 west 66th street apt 14be   |                                    | Amount of Each Receipt this Period<br>175.00  |
| City<br>New York  | State<br>NY                        | Zip Code<br>10023   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                            |   |
| Name of Employer<br>new york presbyterian hospital  | Occupation<br>RN                   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>175.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Josh Wanderer</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 30 / 2014<br><b>Transaction ID : SA11AI.37892</b> |
| Mailing Address 66 Chauncey Ln  |                                     | Amount of Each Receipt this Period<br>475.00  |
| City<br>Lawrence  | State<br>NY                         | Zip Code<br>11559   |
| FEC ID number of contributing federal political committee.<br>C   | Mission                             |   |
| Name of Employer<br>Self  | Occupation<br>Lawyer                |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1475.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 825.00 |
| <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 62 OF 82                |
|   | <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. Gene Wasserman**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 N 8th Avenue

City Edison State NJ Zip Code 08817

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

Name of Employer Unemployed Occupation Unemployed

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  
 04 / 18 / 2014  
**Transaction ID : SA11AI.37869**

Amount of Each Receipt this Period  
 100.00

Mission

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

Mailing Address 1678 Hanover Street

City Teaneck State NJ Zip Code 07666

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 ▼ 36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2014  
**Transaction ID : SA11AI.37972**

Amount of Each Receipt this Period  
 36.00

Mission

**C. Stewart Weinberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 138-43 76 Avenue

City Flushing State NY Zip Code 11367

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

Name of Employer Self Occupation Life/Health Insurance Broker

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  
 04 / 01 / 2014  
**Transaction ID : SA11AI.37822**

Amount of Each Receipt this Period  
 250.00

Mission

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 386.00

**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 63 OF 82                |
|   | <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. Dennis Weinstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 673 Hempstead Avenue

City West Hempstead State NY Zip Code 11552

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

Name of Employer Touro College and University S Occupation Director of Advertising

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt 04 / 09 / 2014  
**Transaction ID : SA11AI.37969**

Amount of Each Receipt this Period 175.00

Mission

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

Mailing Address 455 Ocean Ave

City Lawrence State NY Zip Code 11559

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

Name of Employer best efforts used Occupation best efforts used

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt 04 / 24 / 2014  
**Transaction ID : SA11AI.38062**

Amount of Each Receipt this Period 175.00

Mission

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

Mailing Address 969 Madison Avenue

City New York State NY Zip Code 10021

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

Name of Employer Warburg Realty Occupation Licensed Assoc. Real Estate Broker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 04 / 25 / 2014  
**Transaction ID : SA11AI.38077**

Amount of Each Receipt this Period 100.00

Mission

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

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 64 OF 82                |
|   | <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)<br><b>A. Edward Weiss</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 23 / 2014<br><b>Transaction ID : SA11AI.38047</b> |
| Mailing Address 513 adele ct.   |                                    | Amount of Each Receipt this Period<br>125.00  |
| City<br>Englewood   | State<br>NJ                        | Zip Code<br>07631   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Mission   |
| Name of Employer<br>Self  | Occupation<br>Inv                  |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>325.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Mitchell Weitzner</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>04 / 23 / 2014<br><b>Transaction ID : SA11AI.38027</b> |
| Mailing Address 343 Starling Rd.  |                                    | Amount of Each Receipt this Period<br>350.00  |
| City<br>Englewood   | State<br>NJ                        | Zip Code<br>07631   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Mission   |
| Name of Employer<br>self  | Occupation<br>trader               |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00 |   |

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Mark Wertenteil</b>  |                                     | Date of Receipt<br>MM / DD / YYYY<br>04 / 06 / 2014<br><b>Transaction ID : SA11AI.37952</b> |
| Mailing Address 296 Rutland Avenue  |                                     | Amount of Each Receipt this Period<br>1000.00   |
| City<br>Teaneck   | State<br>NJ                         | Zip Code<br>07666   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Mission   |
| Name of Employer<br>self  | Occupation<br>physician             |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00 |   |

|  |         |
|--|---------|
| <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:             | PAGE 65 OF 82                |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                 | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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

**A. Yitzchak Yehoshua**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 32 Hawthorne lane  
 City State Zip Code  
 Great Neck NY 11023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Student Student  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 08 / 2014  
**Transaction ID : SA11AI.37960**  
 Amount of Each Receipt this Period  
 36.00  
 Mission

**B. Gila Zelig**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1121 Allesandrini Ave  
 City State Zip Code  
 New Milford NJ 07646  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Attorney  
 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  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37877**  
 Amount of Each Receipt this Period  
 400.00  
 Mission

**C. Blima Zelinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6108 Stuart Avenue  
 City State Zip Code  
 Baltimore MD 21209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 YU Student  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 36.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 23 / 2014  
**Transaction ID : SA11AI.38036**  
 Amount of Each Receipt this Period  
 36.00  
 Mission

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 472.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 66 OF 82                |
|   | (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  |

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

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

Mailing Address 421 Claremont Ave

City Teaneck State NJ Zip Code 07666

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

Name of Employer Student Occupation Student

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  
 04 / 22 / 2014  
**Transaction ID : SA11AI.38022**

Amount of Each Receipt this Period  
 125.00

Mission

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

Mailing Address 9 Dogwood Lane

City Lawrence State NY Zip Code 11559

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : SA11AI.37912**

Amount of Each Receipt this Period  
 475.00

Mission

**C. Rissi Zweig**  
Full Name (Last, First, Middle Initial)

Mailing Address TH49 Vacation Village

City Loch Sheldrake State NY Zip Code 12759

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

Name of Employer Ad Mare Logistics Occupation legal administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
175.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 24 / 2014  
**Transaction ID : SA11AI.38055**

Amount of Each Receipt this Period  
 175.00

Mission

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 775.00   |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 57850.38 |

**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. Laurie Baumel**

Mailing Address 797 Winthrop Rd.

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
In-Kind Donation: Philadelphia-DC Train Tickets

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 10 / 2014

**Transaction ID : SB21B.38129**

Amount of Each Disbursement this Period

125.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Mindy Berman**

Mailing Address 312 Cedar Ave

City Highland Park State NJ Zip Code 08904

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 03 / 2014

**Transaction ID : SB21B.38093**

Amount of Each Disbursement this Period

518.34

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Centerplate/NBSE**

Mailing Address 801 mt vernon pl

City washington State DC Zip Code 20002

Purpose of Disbursement  
food for mission

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2014

**Transaction ID : SB21B.38111**

Amount of Each Disbursement this Period

9237.91

Category/  
Type

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

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

9881.25

**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. Sandra Dube**

Mailing Address 405 North 8th Ave

City Edison State NJ Zip Code 08817

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.38095**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Sandra Dube**

Mailing Address 405 North 8th Ave

City Edison State NJ Zip Code 08817

Purpose of Disbursement  
payroll

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.38113**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Elavon**

Mailing Address Two Concourse Parkway, Suite 800

City Atlanta State GA Zip Code 30328

Purpose of Disbursement  
Elavon merchant service fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB21B.38122**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Geico**

Mailing Address 1 Geico Plaza

City State Zip Code  
Bethesda MD 20810

Purpose of Disbursement  
Josef Schranz Car Insurance

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.38097**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

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

Mailing Address 3 Penn Plaza East

City State Zip Code  
Newark NJ 07105

Purpose of Disbursement  
Josef Schranz Health Plan

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.38108**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Jewish Voice**

Mailing Address 73 Dana Place

City State Zip Code  
Englewood NJ 07631

Purpose of Disbursement  
mission ad (2014)

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.38102**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Liberty Mutual Group**

Mailing Address PO Box 8400

City Dover State NH Zip Code 03821

Purpose of Disbursement  
Mindy Berman Plan

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.38094**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Monsey Tours**

Mailing Address 870 Dean St

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement  
buses for Mission 2014

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.38117**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Moti's Market**

Mailing Address 4860 Boiling Brook Parkway

City Rockville State MD Zip Code 20852

Purpose of Disbursement  
Mission 2014 Lunch & Dinner

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.38118**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Paychex**

Mailing Address 1551 S. Washington Ave.

City State Zip Code  
Piscataway NJ 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

/  /

**Transaction ID : SB21B.38090**

Amount of Each Disbursement this Period

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

/  /

**Transaction ID : SB21B.38091**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. 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

/  /

**Transaction ID : SB21B.38107**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Paychex**

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) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 25 / 2014

Transaction ID : **SB21B.38114**

Amount of Each Disbursement this Period: 1551.33

Category/Type

Full Name (Last, First, Middle Initial)

**B. paypal**

Mailing Address PO Box 45950

City Omaha State NE Zip Code 68145

Purpose of Disbursement fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 30 / 2014

Transaction ID : **SB21B.38120**

Amount of Each Disbursement this Period: 583.50

Category/Type: 001

Full Name (Last, First, Middle Initial)

**C. 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) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 03 / 2014

Transaction ID : **SB21B.38096**

Amount of Each Disbursement this Period: 1578.40

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3713.23

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



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

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 21    |   | 2014      |

**Transaction ID : SB21B.38109**

Amount of Each Disbursement this Period

|         |
|---------|
| 1541.33 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Square, Inc**

Mailing Address 110 5th Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement  
fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 30    |   | 2014      |

**Transaction ID : SB21B.38121**

Amount of Each Disbursement this Period

|       |
|-------|
| 20.94 |
|-------|

Full Name (Last, First, Middle Initial)

**C. The Nachum Segal Show**

Mailing Address P.O. Box 13019

City Jersey City State NJ Zip Code 07303

Purpose of Disbursement  
Mission 2014 Radio Broadcast

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    |   | 29    |   | 2014      |

**Transaction ID : SB21B.38115**

Amount of Each Disbursement this Period

|         |
|---------|
| 9000.00 |
|---------|

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

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

|          |
|----------|
| 10562.27 |
|----------|

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# 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  
Projection Staging and Lighting

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 |
| 0 | 4 |   | 1 | 7 |   | 2 | 0 | 1 | 4 |

Transaction ID : SB21B.38106

Amount of Each Disbursement this Period

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 8 | 0 | 4 | . | 6 | 8 |
|---|---|---|---|---|---|---|

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 |
|   |   |   |   |   |   |   |   |   |   |

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 |
|   |   |   |   |   |   |   |   |   |   |

Amount of Each Disbursement this Period

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|

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

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

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 5 | 8 | 0 | 4 | . | 6 | 8 |
|---|---|---|---|---|---|---|

|   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 6 | 8 | 8 | 3 | . | 2 | 9 |
|---|---|---|---|---|---|---|---|---|

**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. CANTOR FOR CONGRESS**

Mailing Address 2500 E PARHAM RD STE 5

City RICHMOND State VA Zip Code 23228

Purpose of Disbursement  
Earmarked Donation - Cantor

Candidate Name  
**CANTOR FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: VA District: 07

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    | / | 24    | / | 2014      |

Transaction ID : **SB23.38112**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. CHRIS COONS FOR DELAWARE**

Mailing Address PO BOX 9900

City NEWARK State DE Zip Code 19714

Purpose of Disbursement  
Earmarked Donation - Coons

Candidate Name  
**CHRIS COONS FOR DELAWARE**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: DE District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    | / | 11    | / | 2014      |

Transaction ID : **SB23.38103**

Amount of Each Disbursement this Period

|         |
|---------|
| 2150.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement  
Earmarked Donation - Enzi

Candidate Name  
**ENZI FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: WY District: 00

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04    | / | 07    | / | 2014      |

Transaction ID : **SB23.38099**

Amount of Each Disbursement this Period

|          |
|----------|
| 13880.00 |
|----------|

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

|          |
|----------|
| 17030.00 |
|----------|

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

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|  |
|--|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : SB23.38112

Contributors to Cantor: Milstein Stephen\$1000

Form/Schedule: SB23

Transaction ID: SB23.38103

Earmarked Contributions to Coons: FederHarry\$1,000.00 JacobsRichard\$150.00 JosephPeter\$1,000.00

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

Form/Schedule: SB23

Transaction ID : SB23.38099

Contributors to Enzi: CohenZak\$50.00 ChouakeBen\$2,000.00 FriedBert\$500.00 FruchtMorton\$500.00 Glaubach Baruch\$500.00 HalpernJack\$1,000.00 HerensteinAndrew\$1,000.00 MandelJanine\$180.00 MussJason\$1,000.00 OlinerMartin\$500.00 ScharfMarty\$1,250.00 SchneiderBruce\$250.00 SchreiberAvram\$500.00 SeelenfreundDavid \$150.00 ShapiroDavid\$500.00 ShiffJane\$400.00 SternStanley\$1,000.00 ThallSheldon\$150.00 ThallSimeon\$150.00 WandererJoshua\$1,000.00 WeinstockDavid\$100.00 ZeidmanEsther\$1,000.00 ZeidmanMorton\$200.00

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 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. ENZI FOR US SENATE**

Mailing Address PO BOX 2775

City State Zip Code  
CODY WY 82414

Purpose of Disbursement  
PAC Donation - Enzi

Candidate Name  
**ENZI FOR US SENATE**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: WY District: 00

Date of Disbursement

/  /   
04 / 07 / 2014

**Transaction ID : SB23.38101**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. GREENSTEIN FOR CONGRESS**

Mailing Address PO BOX 492

City State Zip Code  
PLAINSBORO NJ 08536

Purpose of Disbursement  
Earmarked Donation - Greenstein

Candidate Name  
**GREENSTEIN FOR CONGRESS**

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: NJ District: 12

Date of Disbursement

/  /   
04 / 11 / 2014

**Transaction ID : SB23.38104**

Amount of Each Disbursement this Period

5186.00

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

/  /

Amount of Each Disbursement this Period

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

7186.00

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

24216.00

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

Form/Schedule: SB23

Transaction ID : SB23.38104

Earmarked Contributions to Greenstein: BolkinPerry\$100.00 ChouakeEsther\$2,600.00 FeinLaura\$36.00 Gottesman Robert\$250.00 KatzMordecai\$2,000.00 NayowitzToni\$200.00

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 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 checked="" 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. Melvyn Barenholtz**

Mailing Address 19 Cellar Rd.

City Edison State NJ Zip Code 08817

Purpose of Disbursement  
mission refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.38086**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Mabel Cohen**

Mailing Address 3950 Blackstone Ave #6W

City Bronx State NY Zip Code 10471

Purpose of Disbursement  
mission refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.38098**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Daryl Goodman**

Mailing Address 1910 E. Country Club Ct.

City Cherry Hill State NJ Zip Code 08003

Purpose of Disbursement  
mission refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28A.38125**

Amount of Each Disbursement this Period

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

**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 type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" 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. Miriam Hermann**

Mailing Address 310 Warwick Ave

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
mission refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB28A.38123**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. David Jacobowitz**

Mailing Address 485 Kensington Rd.

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement  
mission refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB28A.38124**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. sharon kinstlinger**

Mailing Address 284 merrison rd

City teaneck State NJ Zip Code 07666

Purpose of Disbursement  
mission refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB28A.38127**

Amount of Each Disbursement this Period

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

**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 type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input checked="" 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. sharon kinstlinger**

Mailing Address 284 merrison rd

City teaneck State NJ Zip Code 07666

Purpose of Disbursement  
mission refund

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  
04 / 25 / 2014

**Transaction ID : SB28A.38128**

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Elisheva Laks**

Mailing Address 67-28 169th street

City Flushing State NY Zip Code 11365

Purpose of Disbursement  
mission refund

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  
04 / 18 / 2014

**Transaction ID : SB28A.38126**

Amount of Each Disbursement this Period

89.00

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)..... ▶

239.00

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

971.00