

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

Office Use Only

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

NORPAC

ADDRESS (number and street)

PO Box 5595

☐Check if different
than previously
reported. (ACC)

Englewood

NJ

07631

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00247403

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

12

31

2007

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

Type or Print Name of Treasurer

Rachel Feldman

Signature of Treasurer

Electronically Filed by Rachel Feldman

Date

08

19

2008

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NORPAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		409655.47
(b) Cash on Hand at Beginning of Reporting Period	492407.44	
(c) Total Receipts (from Line 19)	123529.45	381432.37
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	615936.89	791087.84
7. Total Disbursements (from Line 31)	124513.77	299664.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	491423.12	491423.12
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
NORPAC

Report Covering the Period:

From:

M M D D Y Y W Y
0 7 0 1 2 0 0 7

To:

M M D D Y Y W Y
1 2 3 1 2 0 0 7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	115458.90	309460.90
(i) Itemized (use Schedule A)	3576.00	55132.00
(ii) Unitemized	119034.90	364592.90
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ➤	119034.90	364592.90
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)	151.56	3077.05
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	4342.99	13762.42
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	123529.45	381432.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	123529.45	381432.37

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	50493.77	188769.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	50493.77	188769.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62090.00	98090.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	11930.00	12805.00
(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))	11930.00	12805.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	124513.77	299664.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	124513.77	299664.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	119034.90	364592.90
34. Total Contribution Refunds (from Line 28(d))	11930.00	12805.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	107104.90	351787.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	50493.77	188769.72
37. Offsets to Operating Expenditures (from Line 15, page 3)	151.56	3077.05
38. Net Operating Expenditures (subtract Line 37 from Line 36)	50342.21	185692.67

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

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

FOR LINE NUMBER: PAGE 6 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Carmi Abramowitz

Mailing Address 77 Lee Place

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pfizer

Occupation

Business Tech

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19721

Amount of Each Receipt this Period

50.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Jonathan Art

Mailing Address 50 E 89th St

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Federated Kaufmann Fund

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19625

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Barry Badner

Mailing Address 261 Robin Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zehar and Badner

Occupation

Mgmt Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19589

Amount of Each Receipt this Period

200.00

check to Corker for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 7 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Howard Baruch

Mailing Address 130 Dwight Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.19467

Amount of Each Receipt this Period

1000.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Howard Baruch

Mailing Address 130 Dwight Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

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

Transaction ID: SA11AI.19651

Amount of Each Receipt this Period

250.00

check to Gordon Smith for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Howard Baruch

Mailing Address 130 Dwight Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.20234

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 8 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

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 ▼

425.00

Date of Receipt

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

Transaction ID: SA11AI.19704

Amount of Each Receipt this Period

500.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Charles Baz

Mailing Address 358 Mountain Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Antiochian Archdiocese

Occupation
Assn't Manager of Publications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.19789

Amount of Each Receipt this Period

250.00

check to Lautenberg for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Alan Berger

Mailing Address 24 Sutton Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19588

Amount of Each Receipt this Period

250.00

check to Corker for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Alan Berger

Mailing Address 24 Sutton Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.19555

Amount of Each Receipt this Period

250.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Alan Berger

Mailing Address 24 Sutton Pl.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.19715

Amount of Each Receipt this Period

200.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Deborah Berger

Mailing Address 24 Sutton Pl

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alan W. Berger, MD

Occupation
Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19913

Amount of Each Receipt this Period

250.00

check to Collins for Sena-
tor

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Marc Berger

Mailing Address 210 W. 89th St.

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.20324

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Deborah Bienenfeld

Mailing Address 5 Weyant Dr

City

Cedarhurst

State

NY

Zip Code

11516

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.20143

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Yehuda Blinder

Mailing Address 95 Dwight Pl

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Mgmt

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19581

Amount of Each Receipt this Period

500.00

check to Corker for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Michael Blumenthal

Mailing Address 139 Huguenot Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19595

Amount of Each Receipt this Period

100.00

check to Corker for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Neal Borovitz

Mailing Address 438 Yuhas Drive

City

Paramus

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
Temple Shalom

Occupation
Rabbi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.19795

Amount of Each Receipt this Period

100.00

check to Lautenberg for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Barbara Bortniker

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 ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19636

Amount of Each Receipt this Period

250.00

check to Gordon Smith for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 12 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Barbara Bortniker

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 ▼

1225.00

Date of Receipt

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

Transaction ID: SA11AI.19718

Amount of Each Receipt this Period

150.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Barbara Bortniker

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 ▼

3025.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.20311

Amount of Each Receipt this Period

1800.00

C.

Full Name (Last, First, Middle Initial)

Benjamin Brafman

Mailing Address 15 Waverly Place

City

Lawrence

State

NY

Zip Code

11559

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.20173

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2300.00

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 13 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Hannah-Jean Brafman

Mailing Address 269 Fountain Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

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

Transaction ID: SA11AI.19450

Amount of Each Receipt this Period

100.00

check to Biden for Presid-
ent**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Hannah-Jean Brafman

Mailing Address 269 Fountain Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

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

Transaction ID: SA11AI.19709

Amount of Each Receipt this Period

250.00

check to Ros-Lehtinen for
Congress**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Hannah-Jean Brafman

Mailing Address 269 Fountain Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1965.00

Date of Receipt

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

Transaction ID: SA11AI.19907

Amount of Each Receipt this Period

1000.00

check to Collins for Sena-
tor**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Margot Brandes

Mailing Address 16-36 Raymond St.

City

Fairlawn

State

NJ

Zip Code

07410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19644

Amount of Each Receipt this Period

10.00

check to Gordon Smith for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Robert Braun

Mailing Address 105 Lakeshore Dr

City

Rockaway

State

NJ

Zip Code

07866

FEC ID number of contributing
federal political committee.

C

Name of Employer
Picatinny Arsenal

Occupation
Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.20290

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dorron Brouard

Mailing Address 5 Fox Run Dr.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

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

Transaction ID: SA11AI.20171

Amount of Each Receipt this Period

18.00

SUBTOTAL of Receipts This Page (optional)

118.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Dorron Brouard

Mailing Address 5 Fox Run Dr.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

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

Transaction ID: SA11AI.20239

Amount of Each Receipt this Period

18.00

B.

Full Name (Last, First, Middle Initial)

Dorron Brouard

Mailing Address 5 Fox Run Dr.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.00

Date of Receipt

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

Transaction ID: SA11AI.20322

Amount of Each Receipt this Period

18.00

C.

Full Name (Last, First, Middle Initial)

Eli Bryk

Mailing Address 234 Briarwood Crossing

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent's Hospital,
NYC

Occupation
Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20110

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1036.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Michael Chenkin

Mailing Address 788 Columbus Ave.

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19859

Amount of Each Receipt this Period

300.00

check to Israel for Congr-
ess

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19576

Amount of Each Receipt this Period

1000.00

credit card to Corker for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3265.00

Date of Receipt

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

Transaction ID: SA11AI.19998

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.19615

Amount of Each Receipt this Period

2000.00

credit card to Cornyn for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3306.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.19978

Amount of Each Receipt this Period

41.45

In-kind - business card
cases

C.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3306.45

Date of Receipt

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

Transaction ID: SA11AI.19549

Amount of Each Receipt this Period

700.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

41.45

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3306.45

Date of Receipt

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

Transaction ID: SA11AI.19552

Amount of Each Receipt this Period

2300.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3306.45

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19646

Amount of Each Receipt this Period

1800.00

credit card to Gordon Smi-
th for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3306.45

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.19722

Amount of Each Receipt this Period

1000.00

credit card to Ros-Lehtin-
en for Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3306.45

Date of Receipt

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

Transaction ID: SA11AI.19611

Amount of Each Receipt this Period

320.00

credit card to Corker for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3306.45

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19941

Amount of Each Receipt this Period

1000.00

credit card to Chambliss
for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Ben Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11AI.20300

Amount of Each Receipt this Period

693.55

SUBTOTAL of Receipts This Page (optional)

693.55

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 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Esther Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.19997

Amount of Each Receipt this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Esther Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: SA11AI.19797

Amount of Each Receipt this Period

2000.00

credit card to Lautenberg
for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Esther Chouake

Mailing Address 245 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.20299

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Michael Cohen

Mailing Address 13 Squire Ct

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYS Senator John Sampson

Occupation

Political Consultant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.20033

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Shevy Cooperberg

Mailing Address 65 Margaret Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Highland Legal Research

Occupation

Attorney

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20134

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James Daniels

Mailing Address 392 Long Hill Dr

City

Short Hills

State

NJ

Zip Code

07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Engineer

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Steven David

Mailing Address 235 Walnut St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19592

Amount of Each Receipt this Period

150.00

check to Corker for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ann Davis

Mailing Address 2450 W. Wesley Road NW

City

Atlanta

State

GA

Zip Code

30327

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
Community volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20274

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lawrence Diener

Mailing Address 293 E. Palisade Avenue

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 ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.19457

Amount of Each Receipt this Period

250.00

check to Biden for President

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Barry Dorf

Mailing Address 20 West Lincoln Ave
Suite 306

City State Zip Code
Valley Stream NY 11580

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 ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20120

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark Druck

Mailing Address 650 Palmer Ave.

City State Zip Code
Teaneck NJ 07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19654

Amount of Each Receipt this Period

500.00

check to Gordon Smith for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Sam Ebel

Mailing Address 765 Washburn St.

City State Zip Code
Teaneck NJ 07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: SA11AI.19733

Amount of Each Receipt this Period

250.00

to Ros-Lehtinen for Congr-
ess

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 24 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Kenneth Eckstein

Mailing Address 357 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kramer LevinOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	6	/	2	0	0	7

Transaction ID: SA11AI.19496

Amount of Each Receipt this Period

500.00

check to Biden for Presid-
ent**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Richard Eisenberg

Mailing Address 230 Hollywood Crossing

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCR Mgmt, LLCOccupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20112

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Abraham Eisenstat

Mailing Address 4731 Grosvenor Ave

City

Bronx

State

NY

Zip Code

10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coxton AssociatesOccupation
Financial Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19876

Amount of Each Receipt this Period

500.00

check to Israel for Congr-
ess**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 25 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Richard Engel

Mailing Address 60 Cedar Lane

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Decor, Inc.Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	7

Transaction ID: SA11AI.19791

Amount of Each Receipt this Period

250.00

check to to Lautenberg for
Senate**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Leah Escott

Mailing Address 55 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	7

Transaction ID: SA11AI.19382

Amount of Each Receipt this Period

2300.00

credit card to McCain Pres
2008**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Reuven Escott

Mailing Address 55 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Securities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	0	7

Transaction ID: SA11AI.19648

Amount of Each Receipt this Period

500.00

check to Gordon Smith for
Senate**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Reuven Escott

Mailing Address 55 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Securities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19784

Amount of Each Receipt this Period

500.00

check to Lautenberg for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Reuven Escott

Mailing Address 55 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Securities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.19798

Amount of Each Receipt this Period

500.00

credit card to Lautenberg
for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Reuven Escott

Mailing Address 55 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Securities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.19908

Amount of Each Receipt this Period

1000.00

check to Collins for Sena-
tor

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 27 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Reuven Escott

Mailing Address 55 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Securities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.19385

Amount of Each Receipt this Period

1000.00

credit card to McCain Pres
2008**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Reuven Escott

Mailing Address 55 Regent St.

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Securities Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	0	7

Transaction ID: SA11AI.19384

Amount of Each Receipt this Period

1300.00

credit card to McCain Pres
2008**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Harry Feder

Mailing Address 376 W 245th St

City

Bronx

State

NY

Zip Code

10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
IPNO

Occupation

Health Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	7

Transaction ID: SA11AI.19860

Amount of Each Receipt this Period

250.00

check to Israel for Congr-
ess**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Harry Feder

Mailing Address 376 W 245th St

City

Bronx

State

NY

Zip Code

10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
IPNO

Occupation

Health Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20305

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Hershel Feldman

Mailing Address 250 Hutchinson Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Macabee Trading

Occupation

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19591

Amount of Each Receipt this Period

180.00

check to Corker for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Theodore Fettman

Mailing Address 5700 Arlington Ave
Apt 6U

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19873

Amount of Each Receipt this Period

36.00

check to Israel for Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 29 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Daniel Feuer

Mailing Address 335 Robin Road

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

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

Transaction ID: SA11AI.19454

Amount of Each Receipt this Period

150.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Richard Finkel

Mailing Address 715 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.19719

Amount of Each Receipt this Period

100.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Richard Finkelstein

Mailing Address 32 Redwood Ave

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Berkowitz, Lichstein

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19596

Amount of Each Receipt this Period

100.00

check to Corker for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 30 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Cookie Fishel

Mailing Address 348 Jones Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

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

Transaction ID: SA11AI.19898

Amount of Each Receipt this Period

2300.00

check to Collins for Sena-
tor

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Cookie Fishel

Mailing Address 348 Jones Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

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

Transaction ID: SA11AI.19905

Amount of Each Receipt this Period

1700.00

check to Collins for Sena-
tor

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

David Fishel

Mailing Address 348 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Financier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1165.00

Date of Receipt

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

Transaction ID: SA11AI.19899

Amount of Each Receipt this Period

2300.00

check to Collins for Sena-
tor

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

David Fishel

Mailing Address 348 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Financier

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1165.00

Date of Receipt

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

Transaction ID: SA11AI.19906

Amount of Each Receipt this Period

1700.00

check to Collins for Sena-
tor

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Abby Flamholz

Mailing Address 300 Sunset Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: SA11AI.20303

Amount of Each Receipt this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

David Flamholz

Mailing Address 300 Sunset Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Abeles & Heymann

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.20302

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 32 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Murray Forman

Mailing Address 291 Ocean Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Investment Banking

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20114

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gwen Francis

Mailing Address 21 Whitman Street

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19598

Amount of Each Receipt this Period

100.00

check to Corker for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19475

Amount of Each Receipt this Period

500.00

credit card to Biden for
President

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 33 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19582

Amount of Each Receipt this Period

500.00

credit card to Corker for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.19436

Amount of Each Receipt this Period

500.00

credit card to Kerry for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: SA11AI.19547

Amount of Each Receipt this Period

500.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 34 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19649

Amount of Each Receipt this Period

500.00

credit card to Gordon Smith for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: SA11AI.19725

Amount of Each Receipt this Period

1000.00

credit card to Ros-Lehtinen for Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

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

Transaction ID: SA11AI.20160

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.19787

Amount of Each Receipt this Period

500.00

credit card to Lautenberg
for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

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

Transaction ID: SA11AI.19914

Amount of Each Receipt this Period

500.00

credit card to Collins for
Senator

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

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

Transaction ID: SA11AI.19875

Amount of Each Receipt this Period

500.00

credit card to Israel for
Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 36 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Mort Fridman

Mailing Address 826 Winthrop Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

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

Transaction ID: SA11AI.19387

Amount of Each Receipt this Period

500.00

credit card to McCain Pres
2008

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Amy Friedkin

Mailing Address 44 Montgomery St
41st Floor

City

San Francisco

State

CA

Zip Code

94104

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Community Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19421

Amount of Each Receipt this Period

750.00

check to Kerry for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Amy Friedkin

Mailing Address 44 Montgomery St
41st Floor

City

San Francisco

State

CA

Zip Code

94104

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Community Volunteer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.20030

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 37 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Allen Friedman

Mailing Address 315 Johnson Avenue

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.P. Morgan ChaseOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	3	/	2	0	0	7

Transaction ID: SA11AI.19993

Amount of Each Receipt this Period

4800.00

B.

Full Name (Last, First, Middle Initial)

Allen Friedman

Mailing Address 315 Johnson Avenue

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.P. Morgan ChaseOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	7

Transaction ID: SA11AI.19632

Amount of Each Receipt this Period

500.00

check to Gordon Smith for
Senate**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Allen Friedman

Mailing Address 315 Johnson Avenue

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
J.P. Morgan ChaseOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19729

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)

4800.00

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 38 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Howard E. Friedman

Mailing Address 6201 Green Meadow Way

City

Baltimore

State

MD

Zip Code

20950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Circa Capital

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19996

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jerald Friedman

Mailing Address 1626 Buckingham Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Oral surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

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

Transaction ID: SA11AI.19736

Amount of Each Receipt this Period

500.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Rachel Friedman

Mailing Address 315 Johnson Ave

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Drisha Institute

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19994

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 39 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Dror Futter

Mailing Address 1151 Emerson Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Battle FowlerOccupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19710

Amount of Each Receipt this Period

250.00

check to Ros-Lehtinen for
Congress**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Jonathan Gellis

Mailing Address 235 New Bridge Rd.

City

New Milford

State

NJ

Zip Code

07646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sloan SecuritiesOccupation
Stock Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: SA11AI.19694

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Henry Glenn

Mailing Address 237 Fountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19455

Amount of Each Receipt this Period

200.00

check to Biden for Presid-
ent**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 40 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Mel Gluck

Mailing Address 251 Alison Ct.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19640

Amount of Each Receipt this Period

100.00

check to Gordon Smith for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Helen Goldberg

Mailing Address 791 East Lawn Dr

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corenet Associates

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19456

Amount of Each Receipt this Period

200.00

check to Biden for Presid-
ent

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Stewart Goldberg

Mailing Address 333 East Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marathon Assets

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19639

Amount of Each Receipt this Period

150.00

check to Gordon Smith for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 41 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Sheldon Golombeck

Mailing Address 6 Washington Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morris J. Golombeck, Inc

Occupation

Business Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20130

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Anne Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: SA11AI.19458

Amount of Each Receipt this Period

250.00

check to Biden for President

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Anne Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation

homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.19727

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

300.00

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 42 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jerry Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Post Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.19616

Amount of Each Receipt this Period

1000.00

credit card to Cornyn for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Jerry Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Post Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19550

Amount of Each Receipt this Period

700.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jerry Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Post Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19553

Amount of Each Receipt this Period

2300.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jerry Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Post Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19608

Amount of Each Receipt this Period

250.00

credit card to Corker for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Jerry Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Post Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19626

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jerry Gontownik

Mailing Address 250 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stone Post Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19937

Amount of Each Receipt this Period

1000.00

check to Chambliss for Se-
nate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert Goodman

Mailing Address 473 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19622

Amount of Each Receipt this Period

2000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Robert Goodman

Mailing Address 473 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.19726

Amount of Each Receipt this Period

2000.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Robert Goodman

Mailing Address 473 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.19800

Amount of Each Receipt this Period

1000.00

check to Lautenberg for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 45 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert Goodman

Mailing Address 473 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia University

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

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

Transaction ID: SA11AI.19904

Amount of Each Receipt this Period

2000.00

check to Collins for Sena-
tor

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Paula Gottesman

Mailing Address 7 Quaker Ridge Road

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19780

Amount of Each Receipt this Period

2300.00

check to Frelinghuysen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Paula Gottesman

Mailing Address 7 Quaker Ridge Road

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19781

Amount of Each Receipt this Period

1700.00

check to Frelinghuysen for
Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Paula Gottesman

Mailing Address 7 Quaker Ridge Road

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.20283

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.19462

Amount of Each Receipt this Period

500.00

check to Biden for President

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.19894

Amount of Each Receipt this Period

500.00

check to Collins for Senator

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

250.00

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 47 / 343

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19583

Amount of Each Receipt this Period

500.00

check to Corker for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19633

Amount of Each Receipt this Period

500.00

check to Gordon Smith for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: SA11AI.19705

Amount of Each Receipt this Period

500.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.19799

Amount of Each Receipt this Period

250.00

check to Lautenberg for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Michael Gottlieb

Mailing Address 607 Maitland Avenue

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grubb & Ellis

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19627

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Michael Gottlieb

Mailing Address 607 Maitland Avenue

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grubb & Ellis

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: SA11AI.19695

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Michael Granoff

Mailing Address 59 Bliss Ave

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maniv Energy Capital

Occupation

Business Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19634

Amount of Each Receipt this Period

500.00

check to Gordon Smith for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Michael Granoff

Mailing Address 59 Bliss Ave

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maniv Energy Capital

Occupation

Business Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19706

Amount of Each Receipt this Period

500.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Michael Granoff

Mailing Address 59 Bliss Ave

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maniv Energy Capital

Occupation

Business Exec

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.20327

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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 50 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)
Eugene Grant

Mailing Address 277 Park Ave
47th Floor

City State Zip Code
New York NY 10172

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eugene Grant & Co.

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.19434

Amount of Each Receipt this Period

500.00

check to Kerry for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Jason Dov Greenblatt

Mailing Address 148 Vandelinda Ave

City State Zip Code
Teaneck NJ 07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Trump Organization

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19716

Amount of Each Receipt this Period

200.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

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

Mailing Address 240 Maple St.

City State Zip Code
Englewood NJ 07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Venture Capitalist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19577

Amount of Each Receipt this Period

1000.00

check to Corker for Senate
2012 primary

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Robert Grossman

Mailing Address 78 Winding Way

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fitch Ratings

Occupation

Financial Analyst

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.20310

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cheryl Halpern

Mailing Address 42 Rockledge Dr

City

Livingston

State

NJ

Zip Code

07039

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19902

Amount of Each Receipt this Period

2300.00

check to Collins for Sena-
tor

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation

Real Estate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19397

Amount of Each Receipt this Period

2000.00

check to Coleman for Sena-
te

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19412

Amount of Each Receipt this Period

2000.00

check to Citizens for Arl-
en Specter

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19418

Amount of Each Receipt this Period

2000.00

check to Swett for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19472

Amount of Each Receipt this Period

1700.00

check to Biden for Presid-
ent

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 53 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19473

Amount of Each Receipt this Period

2300.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.19895

Amount of Each Receipt this Period

2000.00

check to Collins for Sena-
tor

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19551

Amount of Each Receipt this Period

700.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 54 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19554

Amount of Each Receipt this Period

2300.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19607

Amount of Each Receipt this Period

2000.00

credit card to Corker for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19645

Amount of Each Receipt this Period

2300.00

credit card to Gordon Smi-
th for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 55 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jack Halpern

Mailing Address 160 W. 66th St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic RealtyOccupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

Transaction ID: SA11AI.19647

Amount of Each Receipt this Period

1700.00

credit card to Gordon Smith for Senate

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Lieba Halpern

Mailing Address 160 W. 66 St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: SA11AI.19383

Amount of Each Receipt this Period

2000.00

check to McCain Pres 2008

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

Lieba Halpern

Mailing Address 160 W. 66 St.

City

New York

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
noneOccupation
homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: SA11AI.19945

Amount of Each Receipt this Period

2000.00

check to Chambliss for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 56 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Maeira Halpern

Mailing Address 42 Rockledge Dr

City

Livingston

State

NJ

Zip Code

07039

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19909

Amount of Each Receipt this Period

1000.00

check to Collins for Sena-
tor

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sam Halpern

Mailing Address 170 W King St

City

Hillside

State

NJ

Zip Code

07205

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Realty

Occupation
Real Estate Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.20308

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Yonina Halpern

Mailing Address 42 Rockledge Dr

City

Livingston

State

NJ

Zip Code

07039

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19900

Amount of Each Receipt this Period

2300.00

check to Collins for Sena-
tor

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

5000.00

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 57 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Marc Hanfling

Mailing Address 47 Leslie St.

City

Edison

State

NJ

Zip Code

08817

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.19987

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Daniel Hassid

Mailing Address 205 E 95th St

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Newmark

Occupation
Commercial Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.20161

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Martin Heistein

Mailing Address 210 Vandelinda Ave.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Belkin Burden Wenig & Gol-
dman

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19707

Amount of Each Receipt this Period

500.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

350.00

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 58 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Ben Heller

Mailing Address 10 Dogwood Lane

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID: SA11AI.20102

Amount of Each Receipt this Period

3600.00

B.

Full Name (Last, First, Middle Initial)

Andrew Herenstein

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
0 9 / 0 9 / 2 0 0 7

Transaction ID: SA11AI.20116

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Candace Herman

Mailing Address 368 Midwood Rd

City

Woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Creative Communications

Occupation
PR/Fundraising

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20122

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

5100.00

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 59 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Natalie Hiller

Mailing Address 495 Ocean Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self & Board of Ed

Occupation

School Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20124

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Alan Hirmes

Mailing Address 25 Wood Lane

City

Woodsburgh

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.20104

Amount of Each Receipt this Period

1800.00

C.

Full Name (Last, First, Middle Initial)

Kenneth Hoffman

Mailing Address 637 N. Forest Dr.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehman Brothers

Occupation

Stock Broker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19407

Amount of Each Receipt this Period

500.00

check to Durbin for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

2300.00

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 60 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Ari Hoffnung

Mailing Address 2600 Netherland Ave
Apt 914

City State Zip Code
Bronx NY 10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bear Stearns

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

379.00

Date of Receipt

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

Transaction ID: SA11AI.20227

Amount of Each Receipt this Period

154.00

B.

Full Name (Last, First, Middle Initial)

Frederick Horowitz

Mailing Address 180 S. Woodland St.

City State Zip Code
Englewood NJ 07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
AP Deauville LLC

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

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

Transaction ID: SA11AI.20285

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Bob Jacobs

Mailing Address 480 Cumberland Rd.

City State Zip Code
Englewood NJ 07631

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.20226

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2904.00

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 61 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Joel 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
SelfOccupation
Designer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19463

Amount of Each Receipt this Period

500.00

check to Biden for Presid-
ent**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Sura Jeselsohn

Mailing Address 3100 Independence Ave

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	7

Transaction ID: SA11AI.19862

Amount of Each Receipt this Period

100.00

check to Israel for Congr-
ess**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Bobab Jovanovic

Mailing Address 440 Magie Ave

City

Elizabeth

State

NJ

Zip Code

07208

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: SA11AI.19437

Amount of Each Receipt this Period

1000.00

check to Kerry for Senate

[MEMO ITEM]**SUBTOTAL** of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 62 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Michael Kassen

Mailing Address 315 North Ave

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID: SA11AI.19696

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Michael Kassen

Mailing Address 315 North Ave

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.20321

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Shelly Kassen

Mailing Address 315 North Ave

City

Westport

State

CT

Zip Code

06880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Town of Westport

Occupation
Selectwoman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19422

Amount of Each Receipt this Period

1000.00

check to Kerry for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

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 63 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Michael Katz

Mailing Address 45 Thames Blvd

City

Bergenfield

State

NJ

Zip Code

07621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19699

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mordecai Katz

Mailing Address 300 E. Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19999

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Mordecai Katz

Mailing Address 300 E. Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19944

Amount of Each Receipt this Period

1000.00

check to Chambliss for Se-
nate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

5000.00

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 64 / 343

(check only one)

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Roberta Klafter

Mailing Address 227 E Linden Ave

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19599

Amount of Each Receipt this Period

100.00

check to Corker for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Steven Klinghoffer

Mailing Address 33 Wildwood Dr.

City

Short Hills

State

NJ

Zip Code

07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
WPI Communications

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2680.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19628

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Arthur Kook

Mailing Address 263 Broad Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramapo Valley Dental Asso-
c.

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

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

Transaction ID: SA11AI.19991

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Arthur Kook

Mailing Address 263 Broad Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ramapo Valley Dental Asso-
c.

Occupation
Dentist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19593

Amount of Each Receipt this Period

150.00

check to Corker for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Leon Kozak

Mailing Address 280 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19413

Amount of Each Receipt this Period

2000.00

check to Citizens for Arl-
en Specter

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Leon Kozak

Mailing Address 280 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.19491

Amount of Each Receipt this Period

1000.00

check to Biden for Presid-
ent

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Leon Kozak

Mailing Address 280 Jones Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.19606

Amount of Each Receipt this Period

1000.00

check to Corker for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rosalyn Kozak

Mailing Address 280 Jones Rd.

City

Englewood

State

NJ

Zip Code

07632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Englewood Hospital

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19381

Amount of Each Receipt this Period

2300.00

check to McCain Pres 2008

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Abraham J. Kramer

Mailing Address 216 S. Dwight Place

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19464

Amount of Each Receipt this Period

500.00

check to Biden for President

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 67 / 343

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Abraham J. Kramer

Mailing Address 216 S. Dwight Place

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
none

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.20271

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Lily Kronenberg Feder

Mailing Address 300 Starling Road

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19975

Amount of Each Receipt this Period

100.00

check to Biden for President

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

John Kruger

Mailing Address 5 Evergreen Ct

City

Towaco

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
TNS Nursing Homes

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19483

Amount of Each Receipt this Period

2300.00

check to Biden for President

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

John Kruger

Mailing Address 5 Evergreen Ct

City

Towaco

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
TNS Nursing Homes

Occupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19485

Amount of Each Receipt this Period

2300.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Marrick Kucin

Mailing Address 156 Elm Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt. Sinai Med Ctr

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.20224

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Joshua Landes

Mailing Address 740 W 232nd Street

City

Riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wynnefield Capital

Occupation
Investment Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4975.00

Date of Receipt

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

Transaction ID: SA11AI.19470

Amount of Each Receipt this Period

1000.00

credit card to Biden for
President

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

5000.00

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 69 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Joshua Landes

Mailing Address 740 W 232nd Street

City

Riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wynnefield Capital

Occupation

Investment Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4975.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19653

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joshua Landes

Mailing Address 740 W 232nd Street

City

Riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wynnefield Capital

Occupation

Investment Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4975.00

Date of Receipt

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

Transaction ID: SA11AI.19734

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Joshua Landes

Mailing Address 740 W 232nd Street

City

Riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wynnefield Capital

Occupation

Investment Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4975.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19857

Amount of Each Receipt this Period

1000.00

check to Israel for Congr-
ess

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 70 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Cristyne Lategano-Nicholas

Mailing Address 401 East 74th St
Apt 8J

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nicholas & Lence Comm.

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.19398

Amount of Each Receipt this Period

500.00

check to Coleman for Sena-
te

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Eliot Lauer

Mailing Address 240 Briarwood Crossing

City State Zip Code
Lawrence NY 11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Curtis, Mallet-Prevost,
et al

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19543

Amount of Each Receipt this Period

1000.00

check to McConnell Senate
Cmte

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Robert Lebovics

Mailing Address 156 Dwight Pl.

City State Zip Code
Englewood NJ 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 ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.20304

Amount of Each Receipt this Period

4500.00

SUBTOTAL of Receipts This Page (optional)

4500.00

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 71 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jaim Lee

Mailing Address 440 Second St

City

Palisades Park

State

NJ

Zip Code

07650

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 ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.19785

Amount of Each Receipt this Period

2300.00

check to Lautenberg for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sui Tong Lee

Mailing Address 41-06 111st St
Apt 3A

City

Corona

State

NY

Zip Code

11368

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19479

Amount of Each Receipt this Period

2000.00

check to Biden for Presid-
ent

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jerome Leff

Mailing Address 2665 Netherland Ave

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Podiatrist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19863

Amount of Each Receipt this Period

100.00

check to Israel for Congr-
ess

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Allan Leicht

Mailing Address 3656 Johnson Ave

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
NYC Housing Authority

Occupation
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19870

Amount of Each Receipt this Period

50.00

check to Israel for Congr-
ess

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Kevin Lemmer

Mailing Address 140 Downey Dr.

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Management

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: SA11AI.19605

Amount of Each Receipt this Period

250.00

credit card to Corker for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Kevin Lemmer

Mailing Address 140 Downey Dr.

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Management

Occupation
Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

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

Transaction ID: SA11AI.19548

Amount of Each Receipt this Period

500.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 73 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Kevin Lemmer

Mailing Address 140 Downey Dr.

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Management

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Transaction ID: SA11AI.19650

Amount of Each Receipt this Period

1000.00

credit card to Gordon Smith for Senate

[MEMO ITEM]**B.**

Full Name (Last, First, Middle Initial)

Kevin Lemmer

Mailing Address 140 Downey Dr.

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Management

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	0	7

Transaction ID: SA11AI.19723

Amount of Each Receipt this Period

500.00

credit card to Ros-Lehtinen for Congress

[MEMO ITEM]**C.**

Full Name (Last, First, Middle Initial)

Kevin Lemmer

Mailing Address 140 Downey Dr.

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADAR Investment Management

Occupation

Portfolio Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: SA11AI.20329

Amount of Each Receipt this Period

4435.00

SUBTOTAL of Receipts This Page (optional)

4435.00

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 74 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Paul Lerer

Mailing Address 270 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19474

Amount of Each Receipt this Period

250.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Paul Lerer

Mailing Address 270 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19584

Amount of Each Receipt this Period

500.00

check to Corker for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Michael Levin

Mailing Address 2 Chestnut Hill Rd

City

Manalapan

State

NJ

Zip Code

07726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Levin,Shea,Pfeffer & Topa-
s, PA

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19959

Amount of Each Receipt this Period

1000.00

check to Schwartz for Con-
gress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Syma Levine

Mailing Address 491 Bell Street

City

West Hempstead

State

NY

Zip Code

11552

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 ▼

365.00

Date of Receipt

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

Transaction ID: SA11AI.20138

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Daniel Lewis

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 ▼

3725.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19476

Amount of Each Receipt this Period

500.00

credit card to Biden for
President

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Daniel Lewis

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 ▼

4225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.20272

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

600.00

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 76 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jerry Lewkowitz

Mailing Address 140 N. Woodland Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
People Care, Inc.

Occupation
Health care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2465.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 7 / 2 0 0 7

Transaction ID: SA11AI.20034

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

David Lieberman

Mailing Address 3935 Blackstone Ave
Apt 3G

City

Riverdale

State

NY

Zip Code

10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pax Clearing

Occupation
Stock Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19861

Amount of Each Receipt this Period

250.00

check to Israel for Congr-
ess

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Edward Lifshitz

Mailing Address 18 White Drive

City

Cedarhurst

State

NY

Zip Code

11516

FEC ID number of contributing
federal political committee.

C

Name of Employer
Amper Politziner Mattiac,
PC

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.20151

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 77 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.19490

Amount of Each Receipt this Period

1000.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.19542

Amount of Each Receipt this Period

1000.00

check to McConnell Senate
Cmte

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19629

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 78 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.19701

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.19915

Amount of Each Receipt this Period

1000.00

check to Collins for Sena-
tor

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
MGS Corp.

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19960

Amount of Each Receipt this Period

1000.00

check to Schwartz for Con-
gress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 79 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

John Lipowski

Mailing Address PO Box 9209

City

Morristown

State

NJ

Zip Code

07963

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	7

Transaction ID: SA11AI.19601

Amount of Each Receipt this Period

100.00

credit card to Corker for
Senate 2012**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

John Lipowski

Mailing Address PO Box 9209

City

Morristown

State

NJ

Zip Code

07963

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	7

Transaction ID: SA11AI.19840

Amount of Each Receipt this Period

-100.00

void: never charged cc to
Corker 2012**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

John Lipowski

Mailing Address PO Box 9209

City

Morristown

State

NJ

Zip Code

07963

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	7

Transaction ID: SA11AI.19641

Amount of Each Receipt this Period

100.00

check to Gordon Smith for
Senate**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

John Lipowski

Mailing Address PO Box 9209

City

Morristown

State

NJ

Zip Code

07963

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 ▼

100.00

Date of Receipt

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

Transaction ID: SA11AI.19912

Amount of Each Receipt this Period

500.00

check to Collins for Sena-
tor

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

John Lipowski

Mailing Address PO Box 9209

City

Morristown

State

NJ

Zip Code

07963

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19943

Amount of Each Receipt this Period

500.00

credit card to Chambliss
for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Marvin Lipsky

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
Associates Digestive Dise-
ases

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

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

Transaction ID: SA11AI.20297

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 81 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Roz Lipsky

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 ▼

325.00

Date of Receipt

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

Transaction ID: SA11AI.19713

Amount of Each Receipt this Period

250.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Yocheved Liss

Mailing Address 3020 Arlington Ave

City

Riverdale

State

NY

Zip Code

10417

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.20279

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Lobel

Mailing Address 53 Walnut Court

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19642

Amount of Each Receipt this Period

100.00

check to Gordon Smith for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 82 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Lynn Mael

Mailing Address 90 Washington Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
unemployed at time of don-
ation

Occupation
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19557

Amount of Each Receipt this Period

250.00

check to McConnell Senate
Cmte

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Shalom Maidenbaum

Mailing Address 50 Bayberry Road

City

Lawrence

State

NY

Zip Code

11559

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20139

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bernice Manocherian

Mailing Address 135 Central Park West #9NC

City

New York

State

NY

Zip Code

10023-2465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Real Estate/Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19424

Amount of Each Receipt this Period

1000.00

check to Kerry for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Joseph Mark

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19630

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joseph Mark

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 ▼

365.00

Date of Receipt

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

Transaction ID: SA11AI.19935

Amount of Each Receipt this Period

2300.00

check to Chambliss for Se-
nate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Joseph Mark

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 ▼

365.00

Date of Receipt

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

Transaction ID: SA11AI.19936

Amount of Each Receipt this Period

2000.00

check to Chambliss for Se-
nate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Meir Melnicke

Mailing Address 1687 50th St.

City

Brooklyn

State

NY

Zip Code

11204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regency Care Center

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19482

Amount of Each Receipt this Period

2000.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Jerome Milch

Mailing Address 629 Thames Boulevard

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Express

Occupation
Market Research Consultan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: SA11AI.19708

Amount of Each Receipt this Period

500.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

David Muschel

Mailing Address 181 East Linden Ave

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockview Management

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19585

Amount of Each Receipt this Period

500.00

check to Corker for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

David Muschel

Mailing Address 181 East Linden Ave

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockview Management

Occupation
Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.20328

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Jason Muss

Mailing Address 181 East 90th

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muss Development Corp

Occupation
Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Transaction ID: SA11AI.19492

Amount of Each Receipt this Period

1000.00

check to Biden for Presid-
ent

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jason Muss

Mailing Address 181 East 90th

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muss Development Corp

Occupation
Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

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

Transaction ID: SA11AI.19545

Amount of Each Receipt this Period

1000.00

check to McConnell Senate
Cmte

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jason Muss

Mailing Address 181 East 90th

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muss Development Corp

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

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

Transaction ID: SA11AI.19656

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Jason Muss

Mailing Address 181 East 90th

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muss Development Corp

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

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

Transaction ID: SA11AI.19731

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jason Muss

Mailing Address 181 East 90th

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muss Development Corp

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

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

Transaction ID: SA11AI.19911

Amount of Each Receipt this Period

1000.00

check to Collins for Sena-
tor

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jason Muss

Mailing Address 181 East 90th

City

New York

State

NY

Zip Code

10128

FEC ID number of contributing
federal political committee.

C

Name of Employer
Muss Development Corp

Occupation

Real Estate Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1265.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19942

Amount of Each Receipt this Period

1000.00

check to Chambliss for Se-
nate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joshua Muss

Mailing Address 11 Rutherford Lane

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19546

Amount of Each Receipt this Period

1000.00

check to McConnell Senate
Cmte

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mohammad Niaz

Mailing Address 2000 North Village 311

City

Rockville Centre

State

NY

Zip Code

11570

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 ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19425

Amount of Each Receipt this Period

500.00

check to Kerry for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Mohammad Niaz

Mailing Address 2000 North Village 311

City

Rockville Centre

State

NY

Zip Code

11570

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 ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19428

Amount of Each Receipt this Period

500.00

check to Kerry for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Martin Oliner

Mailing Address 950 Third Ave

City

New York

State

NY

Zip Code

10022

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 7

Transaction ID: SA11AI.20159

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Annamaria Oppedisano

Mailing Address 31-07 Farrington St

City

Flushing

State

NY

Zip Code

11354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparkles Car Wash

Occupation
Owner/Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19477

Amount of Each Receipt this Period

200.00

check to Biden for President

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Annamaria Oppedisano

Mailing Address 31-07 Farrington St

City

Flushing

State

NY

Zip Code

11354

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sparkles Car Wash

Occupation

Owner/Operator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19486

Amount of Each Receipt this Period

2300.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Brenda Ottensoser

Mailing Address 349 Edward Ave

City

Woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20126

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gilad Ottensoser

Mailing Address 285 Robin Rd

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Deutsche Bank Securities
Inc.

Occupation

Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.19610

Amount of Each Receipt this Period

250.00

credit card to Corker for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Ira Palgon

Mailing Address 286 churchill rd

City

Teaneck

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dewey Ballantine

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19730

Amount of Each Receipt this Period

500.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Drew Parker

Mailing Address 159 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Investments

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

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

Transaction ID: SA11AI.19408

Amount of Each Receipt this Period

250.00

check to Durbin for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Drew Parker

Mailing Address 159 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Investments

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

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

Transaction ID: SA11AI.19465

Amount of Each Receipt this Period

500.00

check to Biden for Presid-
ent

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Drew Parker

Mailing Address 159 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Investments

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19578

Amount of Each Receipt this Period

1000.00

check to Corker for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Drew Parker

Mailing Address 159 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Investments

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

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

Transaction ID: SA11AI.19657

Amount of Each Receipt this Period

500.00

check to Gordon Smith for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Drew Parker

Mailing Address 159 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Investments

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

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

Transaction ID: SA11AI.19732

Amount of Each Receipt this Period

500.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 92 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Drew Parker

Mailing Address 159 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingsbrook Investments

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 4 / 2 0 0 7

Transaction ID: SA11AI.20278

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey parker

Mailing Address 269 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Lamm

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.19992

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey parker

Mailing Address 269 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parker Lamm

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19580

Amount of Each Receipt this Period

1000.00

check to Corker for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Michael Parker

Mailing Address 260 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Inv.

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19466

Amount of Each Receipt this Period

500.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Michael Parker

Mailing Address 260 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Inv.

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19579

Amount of Each Receipt this Period

1000.00

check to Corker for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Michael Parker

Mailing Address 260 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby Inv.

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.19788

Amount of Each Receipt this Period

360.00

check to Lautenberg for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 94 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Stephen Paul

Mailing Address 61 Howell Dr.

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Princeton U

Occupation

Research Physicist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.19793

Amount of Each Receipt this Period

250.00

check to Lautenberg for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Stephen Paul

Mailing Address 61 Howell Dr.

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Princeton U

Occupation

Research Physicist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20288

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Daniel Perla

Mailing Address 4530 Livingston Ave

City

Bronx

State

NY

Zip Code

10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indian Asset Mgmt

Occupation

Investor

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11AI.20270

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

325.00

TOTAL This Period (last page this line number only)

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

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Simon Posner

Mailing Address 300 Robin Road

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Otterbourg, SteindlerOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: SA11AI.20162

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Rabinowitz

Mailing Address 83 E. Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
JPMorganOccupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	7

Transaction ID: SA11AI.19400

Amount of Each Receipt this Period

500.00

credit card to Coleman for
Senate**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

David Rabinowitz

Mailing Address 83 E. Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
JPMorganOccupation
VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	7

Transaction ID: SA11AI.19609

Amount of Each Receipt this Period

250.00

credit card to Corker for
Senate**[MEMO ITEM]****SUBTOTAL** of Receipts This Page (optional)

100.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Stanley Raskas

Mailing Address 301 Overlook Rd

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Oxbridge Group

Occupation
Partner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.20172

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael Ratzker

Mailing Address 360 Mountain Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ainer-Midland Mitau

Occupation
Trader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19590

Amount of Each Receipt this Period

200.00

check to Corker for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Greg Raykher

Mailing Address 777 Dearborn St.

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dresner Kleinwort &Wasser-
stein

Occupation
Banker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

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

Transaction ID: SA11AI.19702

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

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
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Harry Reidler

Mailing Address 263 Hutchinson Rd.

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 ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19643

Amount of Each Receipt this Period

100.00

check to Gordon Smith for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Harry Reidler

Mailing Address 263 Hutchinson Rd.

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 ▼

1225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 3 / 2 0 0 7

Transaction ID: SA11AI.20233

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jorge Rodriguez

Mailing Address 435 central Park West
apt#2b

City

New York

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grant McCarthy Group

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19720

Amount of Each Receipt this Period

100.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

J. Philip Rosen

Mailing Address 431 Mistletoe

City

Lawrence

State

NY

Zip Code

11559

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 ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.20105

Amount of Each Receipt this Period

1800.00

B.

Full Name (Last, First, Middle Initial)

Jack Rosen

Mailing Address 18 E. 85th St

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19487

Amount of Each Receipt this Period

2300.00

check to Biden for Presid-
ent

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jack Rosen

Mailing Address 18 E. 85th St

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19488

Amount of Each Receipt this Period

2300.00

check to Biden for Presid-
ent

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1800.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Marvin Rosen

Mailing Address 547 South Forest Drive

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19459

Amount of Each Receipt this Period

250.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Phyllis Rosen

Mailing Address 18 E 85th St.

City

New York

State

NY

Zip Code

10028

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.20284

Amount of Each Receipt this Period

1800.00

C.

Full Name (Last, First, Middle Initial)

Joseph Rosenbaum

Mailing Address 1125 Ocean Ave

City

Lakewood

State

NJ

Zip Code

08701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madison Title Agency, LLC

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19961

Amount of Each Receipt this Period

1000.00

check to Schwartz for Con-
gress

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1800.00

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Aron Rosenberg

Mailing Address 597 Woodmere Blvd

City

Woodmere

State

NY

Zip Code

11598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self (Daron Fashions)

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20118

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gene Rosenberg

Mailing Address 507 Forest Avenue

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19714

Amount of Each Receipt this Period

250.00

check to Ros-Lehtinen for
Congress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

David Rosenblatt

Mailing Address 17 York Place

City

Tenafly

State

NJ

Zip Code

07670

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19655

Amount of Each Receipt this Period

200.00

check to Gordon Smith for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1000.00

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

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Lindsay Rosenwald

Mailing Address 787 Seventh Ave
48th floor

City State Zip Code
New York NY 10019

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 ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.20106

Amount of Each Receipt this Period

1800.00

B.

Full Name (Last, First, Middle Initial)

Helene Rothenberg

Mailing Address 122 Oak St

City State Zip Code
Woodmere NY 11598

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 ▼

415.00

Date of Receipt

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

Transaction ID: SA11AI.20170

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

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
Self

Occupation
Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 8 / 2 0 0 7

Transaction ID: SA11AI.20306

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

7050.00

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 102 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Bob Scheingoltz

Mailing Address 2575 Palisade Ave

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19865

Amount of Each Receipt this Period

100.00

check to Israel for Congr-
ess

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Ethel Scher

Mailing Address 3333 Henry Hudson Pkwy

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19871

Amount of Each Receipt this Period

50.00

check to Israel for Congr-
ess

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Mary Ellen Scherl

Mailing Address 12 Stanton Rd.

City

Tenafly

State

NJ

Zip Code

07670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Artist

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.20318

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1000.00

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 103 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Abraham Schlusel

Mailing Address 1512 Palisade Ave Apt. 7J

City

State

Zip Code

Ft. Lee

NJ

07024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electrician, Inc.

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19624

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Abraham Schlusel

Mailing Address 1512 Palisade Ave Apt. 7J

City

State

Zip Code

Ft. Lee

NJ

07024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Electrician, Inc.

Occupation

Electrical Engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19940

Amount of Each Receipt this Period

700.00

check to Chambliss for Se-
nate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

David Schlusel

Mailing Address 153 Fort Lee Road

City

State

Zip Code

Teaneck

NJ

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Key Properties

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19623

Amount of Each Receipt this Period

1800.00

check to Gordon Smith for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 104 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

David Schlusel

Mailing Address 153 Fort Lee Road

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Key Properties

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 7

Transaction ID: SA11AI.19724

Amount of Each Receipt this Period

500.00

credit card to Ros-Lehtin-
en for Congress

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Marc Schlusel

Mailing Address 695 Grange Road

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Key Properties

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19631

Amount of Each Receipt this Period

1000.00

check to Gordon Smith for
Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Marc Schlusel

Mailing Address 695 Grange Road

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
Key Properties

Occupation

Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19938

Amount of Each Receipt this Period

1000.00

check to Chambliss for Se-
nate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Rena Schlusel

Mailing Address 860 Prince Street

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 ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19939

Amount of Each Receipt this Period

1000.00

check to Chambliss for Se-
nate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Richard Schlusel

Mailing Address 100 Lydecker St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia U

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19594

Amount of Each Receipt this Period

150.00

check to Corker for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Richard Schlusel

Mailing Address 100 Lydecker St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia U

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19637

Amount of Each Receipt this Period

200.00

check to Gordon Smith for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 106 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Richard Schlusell

Mailing Address 100 Lydecker St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbia UOccupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	3	/	2	0	0	7

Transaction ID: SA11AI.19737

Amount of Each Receipt this Period

100.00

check to Ros-Lehtinen for
Congress**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Ariel Schochet

Mailing Address 283 Churchill Rd

City

Teaneck

State

NJ

Zip Code

07666

FEC ID number of contributing
federal political committee.

C

Name of Employer
FortressOccupation
Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2665.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	1	/	2	0	0	7

Transaction ID: SA11AI.20029

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Micky Schon

Mailing Address 3935 Blackstone Ave
Apt 5B

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	7

Transaction ID: SA11AI.19866

Amount of Each Receipt this Period

100.00

check to Israel for Congr-
ess**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional)

2500.00

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 107 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Stacy Schusterman

Mailing Address PO Box 669

City

Tulsa

State

OK

Zip Code

74101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samson Investment Co.

Occupation
Chairman & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 7

Transaction ID: SA11AI.19896

Amount of Each Receipt this Period

1000.00

check to Collins for Sena-
tor

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

James Schwalbe

Mailing Address 320 Walnut St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
James E Schwalbe PC

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19586

Amount of Each Receipt this Period

500.00

check to Corker for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Jeremy Schwalbe

Mailing Address 156 East Linden Ave

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Investor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.19401

Amount of Each Receipt this Period

100.00

check to Coleman for Sena-
te

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 108 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Lee Schwartz

Mailing Address 408 Cumberland St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Isreal Bonds

Occupation

Exec. Dir.

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19451

Amount of Each Receipt this Period

100.00

check to Biden for Presid-
ent**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Harriet Seif

Mailing Address 251 E. Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Accountant

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	7

Transaction ID: SA11AI.19635

Amount of Each Receipt this Period

500.00

check to Gordon Smith for
Senate**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Herbert Seif

Mailing Address 251 East Linden Avenue

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Epic Asset Mgmt

Occupation

Fund Manager

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	0	7

Transaction ID: SA11AI.19497

Amount of Each Receipt this Period

500.00

check to Biden for Presid-
ent**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Marilyn Selber

Mailing Address 2600 Netherland Ave

City

Riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Camp Regesh

Occupation
Teacher

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19872

Amount of Each Receipt this Period

50.00

check to Israel for Congr-
ess

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Andrew Shechtel

Mailing Address 33 Witherspoon
3rd floor

City

Princeton

State

NJ

Zip Code

08542

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Transaction ID: SA11AI.19963

Amount of Each Receipt this Period

1000.00

check to Schwartz for Con-
gress

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Nina Shenker

Mailing Address 102 Causeway

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
JP Morgan Chase

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

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

Transaction ID: SA11AI.20108

Amount of Each Receipt this Period

1800.00

SUBTOTAL of Receipts This Page (optional)

1800.00

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 110 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Helene Sher

Mailing Address 4 Meadow Lane

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
best efforts used

Occupation

Office Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: SA11AI.20132

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Jonathan Sherman

Mailing Address 7 Lakeview Drive

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sherman & Gordon, P.C.

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: SA11AI.20298

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Elliot Shulman

Mailing Address 105 Dana Place

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 ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19603

Amount of Each Receipt this Period

100.00

check to Corker for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 111 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Seth Siegel

Mailing Address 300 Central Park West
Apt 7-ACity State Zip Code
New York NY 10024FEC ID number of contributing
federal political committee.

C

Name of Employer
Beanstalk GroupOccupation
Vice Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 6 / 2 0 0 7

Transaction ID: SA11AI.20031

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Barry Sklar

Mailing Address 95 Norfolk St.

City State Zip Code
Bergenfield NJ 07621FEC ID number of contributing
federal political committee.

C

Name of Employer
Bankers TrustOccupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: SA11AI.19703

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen for
Congress**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Gary Snitow

Mailing Address 699 W. 239th St
Apt 2KCity State Zip Code
Bronx NY 10463FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19452

Amount of Each Receipt this Period

100.00

check to Biden for Presid-
ent**[MEMO ITEM]**

SUBTOTAL of Receipts This Page (optional)

1000.00

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 112 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Roger Sofer

Mailing Address 8856 Chatsworth

City

Houston

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sofer Steiner & Assoc.,
L.L.P.

Occupation

Financial Planner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 7

Transaction ID: SA11AI.20000

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Norman Sohn

Mailing Address 197 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Somerset Surgical

Occupation

Surgeon

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19604

Amount of Each Receipt this Period

100.00

check to Corker for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Melvin Solomon

Mailing Address 6 Eastbrook Dr.

City

River Edge

State

NJ

Zip Code

07661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 4 / 2 0 0 7

Transaction ID: SA11AI.19794

Amount of Each Receipt this Period

250.00

check to Lautenberg for
Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

250.00

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Arnold Stark

Mailing Address 680 E. 246th St
Apt 19

City State Zip Code
Bronx NY 10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Sales/Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19869

Amount of Each Receipt this Period

100.00

check to Israel for Congr-
ess

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Kenneth I. Starr

Mailing Address 350 E 79th St

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr & Co.

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.19493

Amount of Each Receipt this Period

300.00

check to Biden for Presid-
ent

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Kenneth I. Starr

Mailing Address 350 E 79th St

City State Zip Code
New York NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Starr & Co.

Occupation
Managing Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 7

Transaction ID: SA11AI.19495

Amount of Each Receipt this Period

2300.00

check to Biden for Presid-
ent

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Aaron A. Stein

Mailing Address 497 Cumberland Street

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19460

Amount of Each Receipt this Period

250.00

check to Biden for Presid-
ent

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Stanley Stern

Mailing Address 480 Ocean Ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Business

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.20145

Amount of Each Receipt this Period

1800.00

C.

Full Name (Last, First, Middle Initial)

Trudy Stern

Mailing Address 480 ocean ave

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.90

Date of Receipt

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

Transaction ID: SA11AI.20382

Amount of Each Receipt this Period

305.90

In-kind - see memo text

SUBTOTAL of Receipts This Page (optional)

2105.90

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 115 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Warren stieglitz

Mailing Address 46 Hidden Ledge Rd.

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 ▼

1000.00

Date of Receipt

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

Transaction ID: SA11AI.20153

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Moshael Straus

Mailing Address 140 S. Woodland St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Multicare Management

Occupation
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 0 / 2 0 0 7

Transaction ID: SA11AI.19498

Amount of Each Receipt this Period

500.00

check to Biden for Presid-
ent

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Leslie Tugetman

Mailing Address 612 West 232 Street

City

Riverdale

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Interior Design

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: SA11AI.20230

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

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 116 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Moshe Vizel

Mailing Address 14 Rozhin Rd
Unit 101

City State Zip Code
Monroe NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Non-profit Coordinator

Occupation
Hamaspik

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19556

Amount of Each Receipt this Period

100.00

credit card to McConnell
Senate Cmte

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Moshe Vizel

Mailing Address 14 Rozhin Rd
Unit 101

City State Zip Code
Monroe NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Non-profit Coordinator

Occupation
Hamaspik

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19652

Amount of Each Receipt this Period

100.00

credit card to Gordon Smi-
th for Senate

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Nick Vuotto

Mailing Address 20 Leach St

City State Zip Code
Lynbrook NY 11563

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 ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19432

Amount of Each Receipt this Period

1500.00

check to Kerry for Senate

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Nicola Vuotto

Mailing Address 3421 Hampton Rd

City

Oceanside

State

NY

Zip Code

11572

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 ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.19429

Amount of Each Receipt this Period

1500.00

check to Kerry for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Paula Weinstein

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.20147

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Walter Weinstein

Mailing Address 11529 Victoria Dr

City

Boynton Beach

State

FL

Zip Code

33437

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 ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 7

Transaction ID: SA11AI.19893

Amount of Each Receipt this Period

100.00

check to Collins for Sena-
tor

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 118 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

David Weinstock

Mailing Address 253 Broadway

City

Lynbrook

State

NY

Zip Code

11563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lynbrook Cardiology

Occupation

MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: SA11AI.20128

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Ronald M. Weiss

Mailing Address 258 E. Linden Ave.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
AT & T

Occupation

Business Analyst

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

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

Transaction ID: SA11AI.19461

Amount of Each Receipt this Period

250.00

check to Biden for Presid-
ent

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

William Weiss

Mailing Address 371 Cumberland Street

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
paperclip software

Occupation

Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 7

Transaction ID: SA11AI.19489

Amount of Each Receipt this Period

250.00

check to Biden for Presid-
ent

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 119 / 343

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

William Weiss

Mailing Address 371 Cumberland Street

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
paperclip software

Occupation

Executive

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: SA11AI.19728

Amount of Each Receipt this Period

200.00

check to Ros-Lehtinen for
Congress**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Mitchell Weitzner

Mailing Address 343 Starling Rd.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

trader

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

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

Transaction ID: SA11AI.19612

Amount of Each Receipt this Period

200.00

credit card to Corker for
Senate**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Elia Weixelbaum

Mailing Address 14 Kizel Ln

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
Citigroup

Occupation

Systems Analyst

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: SA11AI.20292

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

200.00

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
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FOR LINE NUMBER: PAGE 120 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Jonathan Wiener

Mailing Address 5001 Iselin Avenue

City

Bronx

State

NY

Zip Code

10471

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self (Chestnut Holdings)

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 7

Transaction ID: SA11AI.19858

Amount of Each Receipt this Period

500.00

check to Israel for Congr-
ess

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Florence Wolf

Mailing Address 376 Central Ave, Apt 4B

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.00

Date of Receipt

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

Transaction ID: SA11AI.20136

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sheldon Zelig

Mailing Address 175 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

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

Transaction ID: SA11AI.19471

Amount of Each Receipt this Period

1000.00

check to Biden for Presid-
ent

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)

250.00

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 121 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Sheldon Zelig

Mailing Address 175 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 7

Transaction ID: SA11AI.19587

Amount of Each Receipt this Period

500.00

check to Corker for Senate

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Sheldon Zelig

Mailing Address 175 Maple St.

City

Englewood

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation
attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

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

Transaction ID: SA11AI.20137

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Agnes Zitter

Mailing Address 9 Dogwood Lane

City

Lawrence

State

NY

Zip Code

11559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation
Family Therapist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 3 / 2 0 0 7

Transaction ID: SA11AI.20149

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

115458.90

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

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

FOR LINE NUMBER: PAGE 122 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12620.15

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: SA17.19980

Amount of Each Receipt this Period

414.29

interest - cd ...75

B.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12628.87

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: SA17.19981

Amount of Each Receipt this Period

8.72

interest income

C.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13340.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: SA17.19982

Amount of Each Receipt this Period

711.49

sweep account interest in-
come

SUBTOTAL of Receipts This Page (optional)

1134.50

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 123 / 343

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13349.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: SA17.20027

Amount of Each Receipt this Period

9.43

interest income

B.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14018.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	0	7

Transaction ID: SA17.20028

Amount of Each Receipt this Period

668.86

sweep account interest in-
come**C.**

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14027.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	7

Transaction ID: SA17.20073

Amount of Each Receipt this Period

8.90

interest income

SUBTOTAL of Receipts This Page (optional)

687.19

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 124 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14537.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 7

Transaction ID: SA17.20074

Amount of Each Receipt this Period

509.55

sweep account interest in-
come

B.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14548.46

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA17.20156

Amount of Each Receipt this Period

11.36

interest income

C.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15086.58

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 7

Transaction ID: SA17.20157

Amount of Each Receipt this Period

538.12

sweep account interest in-
come

SUBTOTAL of Receipts This Page (optional)

1059.03

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 125 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15097.28

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA17.20221

Amount of Each Receipt this Period

10.70

interest income

B.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15544.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 7

Transaction ID: SA17.20222

Amount of Each Receipt this Period

446.72

sweep account interest in-
come

C.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16158.46

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 8 / 2 0 0 7

Transaction ID: SA17.22223

Amount of Each Receipt this Period

614.46

interest - cd ...75

SUBTOTAL of Receipts This Page (optional)

1071.88

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 126 / 343

(check only one)

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

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NAME OF COMMITTEE (In Full)

NORPAC

A.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16170.24

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA17.20244

Amount of Each Receipt this Period

11.78

interest income

B.

Full Name (Last, First, Middle Initial)

Valley National Bank

Mailing Address 1445 Valley Rd

City

Wayne

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16548.85

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 7

Transaction ID: SA17.20245

Amount of Each Receipt this Period

378.61

sweep account interest in-
come

SUBTOTAL of Receipts This Page (optional)

390.39

TOTAL This Period (last page this line number only)

4342.99

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
A.M.L., L.P.

Mailing Address 663 Palisade Ave

City State Zip Code
Cliffside Park NJ 07010

Purpose of Disbursement
pro-rated rent payment (see Form 99)
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20263

Date of Disbursement

/ /

Amount of Each Disbursement this Period

800.00

B.

Full Name (Last, First, Middle Initial)
ADP Benefit Services

Mailing Address 4900 University Ave - MS14

City State Zip Code
West Des Moines IA 50266

Purpose of Disbursement
health insur - Davidson
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.94

C.

Full Name (Last, First, Middle Initial)
ADP Benefit Services

Mailing Address 4900 University Ave - MS14

City State Zip Code
West Des Moines IA 50266

Purpose of Disbursement
health insur - Davidson
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20053

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.94

SUBTOTAL of Disbursements This Page (optional)

1501.88

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 128 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) ADP Benefit Services	Transaction ID: SB21B.20086 Date of Disbursement
Mailing Address 4900 University Ave - MS14	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 7</div> </div>
City State Zip Code West Des Moines IA 50266	Amount of Each Disbursement this Period
Purpose of Disbursement health insur - Davidson Candidate Name	<div> <div>350.94</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ADP Benefit Services	Transaction ID: SB21B.20184 Date of Disbursement
Mailing Address 4900 University Ave - MS14	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 9 / 2 0 0 7</div> </div>
City State Zip Code West Des Moines IA 50266	Amount of Each Disbursement this Period
Purpose of Disbursement health insur - Davidson Candidate Name	<div> <div>350.94</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ADP Benefit Services	Transaction ID: SB21B.20200 Date of Disbursement
Mailing Address 4900 University Ave - MS14	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 7 / 2 0 0 7</div> </div>
City State Zip Code West Des Moines IA 50266	Amount of Each Disbursement this Period
Purpose of Disbursement health insur - Davidson Candidate Name	<div> <div>350.94</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1052.82

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 129 / 343

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

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

NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

BestBuy

Mailing Address 7601 Penn Ave South

City
Richfield

State
MN

Zip Code
55423

Purpose of Disbursement
laptop purchased 7/3/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20360

Date of Disbursement

/ /

Amount of Each Disbursement this Period

706.49

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Constant Contact

Mailing Address 1601 Trapelo Rd
Suite 329

City
Waltham

State
MA

Zip Code
02451

Purpose of Disbursement
email service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20353

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Constant Contact

Mailing Address 1601 Trapelo Rd
Suite 329

City
Waltham

State
MA

Zip Code
02451

Purpose of Disbursement
email service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20354

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.50

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 130 / 343

<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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Rd Suite 329</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement email service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.20355</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>42.50</div> </div> </p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Rd Suite 329</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement email service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.20359</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 9 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>42.50</div> </div> </p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Constant Contact</p> <p>Mailing Address 1601 Trapelo Rd Suite 329</p> <p>City Waltham State MA Zip Code 02451</p> <p>Purpose of Disbursement email service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.20357</p> <p>Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 9 / 2 0 0 7</div> </div> </p> <p>Amount of Each Disbursement this Period <div> <div></div> <div>42.50</div> </div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Constant Contact

Mailing Address 1601 Trapelo Rd
Suite 329

City Waltham State MA Zip Code 02451

Purpose of Disbursement
email service

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.20363

Date of Disbursement

/ /

Amount of Each Disbursement this Period

42.50

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
gas purchased 7/3/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.20334

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.25

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
gas purchased 7/20/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.22224

Date of Disbursement

/ /

Amount of Each Disbursement this Period

17.44

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
gas purchased 7/30/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22225

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
gas purchased 8/31/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22231

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
gas purchased 8/6/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22227

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
gas purchased 8/13/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.22228

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.25

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
gas purchased 8/17/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.22229

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.06

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
gas purchased 8/23/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.22230

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
gas purchased 9/7/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20337

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

22.01

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
gas purchased 9/20/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20338

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

24.87

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Cumberland Farms

Mailing Address 1150 Hamburg Turnpike

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
gas purchased 10/10/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20339

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

24.39

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Noam Davidovics

Mailing Address 3308 W Strathmore Ave

City Baltimore State MD Zip Code 21215

Purpose of Disbursement
payroll - IT duties - Disp ID 20332

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22191

Date of Disbursement

/ /

Amount of Each Disbursement this Period

151.56

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City Rockaway State NJ Zip Code 07866

Purpose of Disbursement
June travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20003

Date of Disbursement

/ /

Amount of Each Disbursement this Period

185.48

C.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City Rockaway State NJ Zip Code 07866

Purpose of Disbursement
Payroll - Treasurer - Disp ID 20006

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22192

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1336.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

185.48

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
Payroll - Treasurer - Disp # 20016

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22193

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1336.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
July travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

241.99

C.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
Payroll - Treasurer. Disp # 20046

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22195

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1346.11

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

241.99

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Joel Davidson

Mailing Address 25 Ellen Drive

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
Payroll - Treasurer. Disp # 20057

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22196

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1352.01

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Joel Davidson

Mailing Address 25 Ellen Drive

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
August travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20079

Date of Disbursement

/ /

Amount of Each Disbursement this Period

189.46

C.

Full Name (Last, First, Middle Initial)
Joel Davidson

Mailing Address 25 Ellen Drive

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
Payroll - Treasurer. Disp #20080

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22197

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1352.01

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

189.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
Payroll - Treasurer. Disp #20095

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1352.01

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20179

Date of Disbursement

/ /

Amount of Each Disbursement this Period

143.93

C.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
Payroll - Treasurer. Disp # 20181

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22200

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1352.01

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

143.93

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
Payroll - Treasurer. Disp #20185

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22201

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1352.01

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
Oct travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20198

Date of Disbursement

/ /

Amount of Each Disbursement this Period

162.19

C.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
Payroll - Treasurer. Disp #20195

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1352.01

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

162.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Joel Davidson Mailing Address 25 Ellen Drive	Transaction ID: SB21B.22203 Date of Disbursement <div> <div>11</div> <div>13</div> <div>2007</div> </div>
City Rockaway State NJ Zip Code 07866 Purpose of Disbursement Payroll - Treasurer. Disp #20202 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1352.01</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) Joel Davidson Mailing Address 25 Ellen Drive City Rockaway State NJ Zip Code 07866 Purpose of Disbursement Payroll - Treasurer. Disp # 20212 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.22204 Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1352.01</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) Joel Davidson Mailing Address 25 Ellen Drive City Rockaway State NJ Zip Code 07866 Purpose of Disbursement travel reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20254 Date of Disbursement <div> <div>12</div> <div>03</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>244.24</div>

SUBTOTAL of Disbursements This Page (optional)

244.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
Payroll - Treasurer. Disp #20257

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22205

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1352.01

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Joel Davidson

Mailing Address 25 Ellen Drive

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
Payroll - Treasurer. Disp #20267

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22206

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1352.01

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

FedEx

Mailing Address PO Box 371461

City
Pittsburgh

State
PA

Zip Code
15250

Purpose of Disbursement
service charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20054

Date of Disbursement

/ /

Amount of Each Disbursement this Period

65.49

SUBTOTAL of Disbursements This Page (optional)

65.49

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) FedEx Mailing Address PO Box 371461	Transaction ID: SB21B.20092 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 9 / 2 0 0 7</div> </div>
City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>37.84</div>
B. Full Name (Last, First, Middle Initial) FedEx Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20208 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 9 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>36.94</div>
C. Full Name (Last, First, Middle Initial) FedEx Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20259 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>43.46</div>

SUBTOTAL of Disbursements This Page (optional)

118.24

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
FedEx Kinko's

Mailing Address 166 Linwood Plaza

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
business cards purchased 7/25/07
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20364
Date of Disbursement

/ /

Amount of Each Disbursement this Period

252.28

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
FedEx Kinko's

Mailing Address 166 Linwood Plaza

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
business cards purchased 8/8/07
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20367
Date of Disbursement

/ /

Amount of Each Disbursement this Period

305.86

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FedEx Kinko's

Mailing Address 166 Linwood Plaza

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
business cards purchased 8/30/07
Candidate Name

Category/
Type

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

Transaction ID: SB21B.22279
Date of Disbursement

/ /

Amount of Each Disbursement this Period

128.71

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
FedEx Kinko's

Mailing Address 166 Linwood Plaza

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
business cards purchased 9/9/07
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20369
Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.95

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
FedEx Kinko's

Mailing Address 166 Linwood Plaza

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
laminating purchased 10/17/07
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20375
Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.66

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FedEx Kinko's

Mailing Address 166 Linwood Plaza

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
copying purchased 10/17/07
Candidate Name

Category/
Type

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

Transaction ID: SB21B.22280
Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.67

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Foremost Caterers, Inc	Transaction ID: SB21B.20060 Date of Disbursement																				
Mailing Address 65 Anderson Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>2</td><td>3</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	3		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	3		2	0	0	7												
City Moonachie State NJ Zip Code 07074	Amount of Each Disbursement this Period																				
Purpose of Disbursement breakfast NY bus DC trip 2007 Candidate Name	<table border="1"> <tr> <td colspan="10">321.75</td> </tr> </table>	321.75																			
321.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Landmark Network Services	Transaction ID: SB21B.20055 Date of Disbursement																				
Mailing Address 580 Sylvan Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td> <td>2</td><td>1</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		2	1		2	0	0	7												
City Englewood Cliffs State NJ Zip Code 07632	Amount of Each Disbursement this Period																				
Purpose of Disbursement tech consulting - new computer Candidate Name	<table border="1"> <tr> <td colspan="10">321.00</td> </tr> </table>	321.00																			
321.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) National Events, Inc.	Transaction ID: SB21B.20210 Date of Disbursement																				
Mailing Address 4401 Ford Ave Suite 550	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td> <td>2</td><td>7</td><td></td> <td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	7		2	0	0	7												
City Alexandria State VA Zip Code 22302	Amount of Each Disbursement this Period																				
Purpose of Disbursement event planning (payment 1 of 2) Candidate Name	<table border="1"> <tr> <td colspan="10">425.00</td> </tr> </table>	425.00																			
425.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1067.75

TOTAL This Period (last page this line number only)

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

NAME OF COMMITTEE (In Full)
NORPAC

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Leonor Nunez

Mailing Address 526 Longview Ave

City State Zip Code
Cliffside Park NJ 07010

Purpose of Disbursement
Payroll - Bookkeeper. Disp #20082

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22209

Date of Disbursement

09 / 07 / 2007

Amount of Each Disbursement this Period

179.85

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Leonor Nunez

Mailing Address 526 Longview Ave

City State Zip Code
Cliffside Park NJ 07010

Purpose of Disbursement
Payroll - Bookkeeper. Disp #20180

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22210

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

107.91

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Leonor Nunez

Mailing Address 526 Longview Ave

City State Zip Code
Cliffside Park NJ 07010

Purpose of Disbursement
Payroll - Bookkeeper. Disp #20197

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22211

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

80.93

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Leonor Nunez

Mailing Address 526 Longview Ave

City State Zip Code
Cliffside Park NJ 07010

Purpose of Disbursement
Payroll - Bookkeeper. Disp #20213

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22212

Date of Disbursement

/ /

Amount of Each Disbursement this Period

107.91

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 80 Stemmers Lane

City State Zip Code
Westampton NJ 08060

Purpose of Disbursement
ink purchased 9/3/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22288

Date of Disbursement

/ /

Amount of Each Disbursement this Period

78.10

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Office Depot

Mailing Address 80 Stemmers Lane

City State Zip Code
Westampton NJ 08060

Purpose of Disbursement
ink purchased 11/29/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22286

Date of Disbursement

/ /

Amount of Each Disbursement this Period

78.10

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 149 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Oxford Health Plans NJ, Inc.

Mailing Address PO Box 1697

City Newark State NJ Zip Code 07101

Purpose of Disbursement
health insur - Davidson

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20265

Date of Disbursement

12 / 24 / 2007

Amount of Each Disbursement this Period

485.51

B.

Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 1551 S. Washington Ave.

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement
service charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20005

Date of Disbursement

07 / 10 / 2007

Amount of Each Disbursement this Period

197.83

C.

Full Name (Last, First, Middle Initial)
Paychex

Mailing Address 1551 S. Washington Ave.

City Piscataway State NJ Zip Code 08854

Purpose of Disbursement
payroll - Davidson

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20006

Date of Disbursement

07 / 12 / 2007

Amount of Each Disbursement this Period

1336.00

SUBTOTAL of Disbursements This Page (optional)

2019.34

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20007 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement payroll - Wolkowitz Candidate Name	<div> <div>1095.54</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20008 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 2 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement payroll - Nunez Candidate Name	<div> <div>197.83</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20010 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 3 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement taxes Candidate Name	<div> <div>1101.29</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2394.66

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20016 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	6		2	0	0	7												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll - Davidson Candidate Name	<table border="1"> <tr> <td colspan="10">1336.00</td> </tr> </table>	1336.00																			
1336.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20018 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	6		2	0	0	7												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll - Wolkowitz Candidate Name	<table border="1"> <tr> <td colspan="10">798.14</td> </tr> </table>	798.14																			
798.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20019 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	7		2	0	0	7												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement taxes Candidate Name	<table border="1"> <tr> <td colspan="10">903.67</td> </tr> </table>	903.67																			
903.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3037.81

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20044 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Nunez Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>233.80</div>
B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20045 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 3 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>65.48</div>
C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20046 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Davidson Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1346.11</div>

SUBTOTAL of Disbursements This Page (optional)

1645.39

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20047 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 9 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Wolkowitz Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>798.14</div>
B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20048 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>857.51</div>
C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20049 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 0 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>128.85</div>

SUBTOTAL of Disbursements This Page (optional)

1784.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1551 S. Washington Ave.</p> <p>City Piscataway State NJ Zip Code 08854</p> <p>Purpose of Disbursement payroll - Davidson</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.20057</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1352.01"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1551 S. Washington Ave.</p> <p>City Piscataway State NJ Zip Code 08854</p> <p>Purpose of Disbursement payroll - Wolkowitz</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.20058</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="798.14"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1551 S. Washington Ave.</p> <p>City Piscataway State NJ Zip Code 08854</p> <p>Purpose of Disbursement taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.20059</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="830.54"/></p>

SUBTOTAL of Disbursements This Page (optional)

2980.69

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20077 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 1 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>43.66</div>
B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20080 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Davidson Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1352.01</div>
C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20081 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Wolkowitz Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>798.14</div>

SUBTOTAL of Disbursements This Page (optional)

2193.81

TOTAL This Period (last page this line number only)

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

PAGE 156 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20082 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Nunez Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>179.85</div>
B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20083 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>830.54</div>
C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20084 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>194.41</div>

SUBTOTAL of Disbursements This Page (optional)

1204.80

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20087 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	1		2	0	0	7												
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Davidovics Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>35.97</td> </tr> </table>	35.97																			
35.97																					
B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20095 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	0		2	0	0	7												
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Davidson Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>1352.01</td> </tr> </table>	1352.01																			
1352.01																					
C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20096 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	0		2	0	0	7												
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Wolkowitz Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>798.14</td> </tr> </table>	798.14																			
798.14																					

SUBTOTAL of Disbursements This Page (optional)

2186.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20097 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 1 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>829.11</div>
B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20177 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 1 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>165.02</div>
C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20180 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 4 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Nunez Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>107.91</div>

SUBTOTAL of Disbursements This Page (optional)

1102.04

TOTAL This Period (last page this line number only)

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

PAGE 159 / 343

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

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

NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20181 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	0	7												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll - Davidson Candidate Name	<table border="1"> <tr> <td colspan="10">1352.01</td> </tr> </table>	1352.01																			
1352.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20182 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	0	7												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement payroll - Wolkowitz Candidate Name	<table border="1"> <tr> <td colspan="10">798.14</td> </tr> </table>	798.14																			
798.14																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20183 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	5		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	5		2	0	0	7												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement taxes Candidate Name	<table border="1"> <tr> <td colspan="10">833.61</td> </tr> </table>	833.61																			
833.61																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2983.76

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20185 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	0	7												
<table border="1"> <tr> <td>City Piscataway</td> <td>State NJ</td> <td>Zip Code 08854</td> </tr> <tr> <td colspan="2">Purpose of Disbursement payroll - Davidson</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Piscataway	State NJ	Zip Code 08854	Purpose of Disbursement payroll - Davidson		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>1352.01</td> </tr> </table>	1352.01											
City Piscataway	State NJ	Zip Code 08854																			
Purpose of Disbursement payroll - Davidson		<input type="text"/> Category/ Type																			
Candidate Name																					
1352.01																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State:</td> <td>District:</td> <td></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:																
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																				
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20186 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	0	7												
<table border="1"> <tr> <td>City Piscataway</td> <td>State NJ</td> <td>Zip Code 08854</td> </tr> <tr> <td colspan="2">Purpose of Disbursement payroll - Wolkowitz</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Piscataway	State NJ	Zip Code 08854	Purpose of Disbursement payroll - Wolkowitz		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>798.14</td> </tr> </table>	798.14											
City Piscataway	State NJ	Zip Code 08854																			
Purpose of Disbursement payroll - Wolkowitz		<input type="text"/> Category/ Type																			
Candidate Name																					
798.14																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State:</td> <td>District:</td> <td></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:																
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																				
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20189 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	0	7												
<table border="1"> <tr> <td>City Piscataway</td> <td>State NJ</td> <td>Zip Code 08854</td> </tr> <tr> <td colspan="2">Purpose of Disbursement taxes</td> <td rowspan="2"> <input type="text"/> Category/ Type </td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> </table>	City Piscataway	State NJ	Zip Code 08854	Purpose of Disbursement taxes		<input type="text"/> Category/ Type	Candidate Name		Amount of Each Disbursement this Period <table border="1"> <tr> <td>809.04</td> </tr> </table>	809.04											
City Piscataway	State NJ	Zip Code 08854																			
Purpose of Disbursement taxes		<input type="text"/> Category/ Type																			
Candidate Name																					
809.04																					
<table border="1"> <tr> <td>Office Sought:</td> <td> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </td> <td> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> </tr> <tr> <td>State:</td> <td>District:</td> <td></td> </tr> </table>	Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State:	District:																
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
State:	District:																				

SUBTOTAL of Disbursements This Page (optional)

2959.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20195 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D1</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement payroll - Davidson Candidate Name	<div>1352.01</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20196 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D1</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement payroll - Wolkowitz Candidate Name	<div>798.14</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20197 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D1</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement payroll - Nunez Candidate Name	<div>80.93</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2231.08

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 162 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20199 Date of Disbursement <div> <div>11</div> <div>02</div> <div>2007</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>827.47</div>
B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20201 Date of Disbursement <div> <div>11</div> <div>09</div> <div>2007</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>185.22</div>
C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20202 Date of Disbursement <div> <div>11</div> <div>13</div> <div>2007</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Davidson Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1352.01</div>

SUBTOTAL of Disbursements This Page (optional)

2364.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 163 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20203 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D3</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement taxes Candidate Name	<div>511.17</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20212 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D2</div> <div>^D9</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement payroll - Davidson Candidate Name	<div>1352.01</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20213 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D2</div> <div>^D9</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y0</div> <div>^Y7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement payroll - Nunez Candidate Name	<div>107.91</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1971.09

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 164 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20214 Date of Disbursement <div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>772.05</div>
B. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20255 Date of Disbursement <div> <div>12</div> <div>10</div> <div>2007</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement service charge Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>141.02</div>
C. Full Name (Last, First, Middle Initial) Paychex Mailing Address 1551 S. Washington Ave.	Transaction ID: SB21B.20256 Date of Disbursement <div> <div>12</div> <div>10</div> <div>2007</div> </div>
City Piscataway State NJ Zip Code 08854 Purpose of Disbursement payroll - Wolkowitz Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>667.89</div>

SUBTOTAL of Disbursements This Page (optional)

1580.96

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20257 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 3 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement payroll - Davidson Candidate Name	<div> <div>1352.01</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20258 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 1 4 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement taxes Candidate Name	<div> <div>511.17</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20267 Date of Disbursement
Mailing Address 1551 S. Washington Ave.	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 7 / 2 0 0 7</div> </div>
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period
Purpose of Disbursement payroll - Davidson Candidate Name	<div> <div>1352.01</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3215.19

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20268 Date of Disbursement																				
Mailing Address 1551 S. Washington Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	8		2	0	0	7												
City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period																				
Purpose of Disbursement taxes	<table border="1"> <tr> <td colspan="10">511.17</td> </tr> </table>	511.17																			
511.17																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) paypal	Transaction ID: SB21B.20002 Date of Disbursement																				
Mailing Address PO Box 45950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		3	1		2	0	0	7												
City Omaha State NE Zip Code 68145	Amount of Each Disbursement this Period																				
Purpose of Disbursement processing fee	<table border="1"> <tr> <td colspan="10">7.55</td> </tr> </table>	7.55																			
7.55																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) paypal	Transaction ID: SB21B.20158 Date of Disbursement																				
Mailing Address PO Box 45950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	0	7												
City Omaha State NE Zip Code 68145	Amount of Each Disbursement this Period																				
Purpose of Disbursement processing fee	<table border="1"> <tr> <td colspan="10">3.20</td> </tr> </table>	3.20																			
3.20																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

521.92

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) paypal	Transaction ID: SB21B.20223 Date of Disbursement																				
Mailing Address PO Box 45950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		3	0		2	0	0	7												
City Omaha State NE Zip Code 68145	Amount of Each Disbursement this Period																				
Purpose of Disbursement processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">3.20</td> </tr> </table>	3.20																			
3.20																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) paypal	Transaction ID: SB21B.20242 Date of Disbursement																				
Mailing Address PO Box 45950	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	7												
City Omaha State NE Zip Code 68145	Amount of Each Disbursement this Period																				
Purpose of Disbursement processing fee Candidate Name	<table border="1"> <tr> <td colspan="10">368.22</td> </tr> </table>	368.22																			
368.22																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Postmaster, Englewood Annex	Transaction ID: SB21B.20004 Date of Disbursement																				
Mailing Address 55 Smith St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	6		2	0	0	7												
City Englewood State NJ Zip Code 07631	Amount of Each Disbursement this Period																				
Purpose of Disbursement 1 yr PO Box service Candidate Name	<table border="1"> <tr> <td colspan="10">236.00</td> </tr> </table>	236.00																			
236.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

607.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 6/11/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22295

Date of Disbursement

/ /

Amount of Each Disbursement this Period

44.40

[MEMO ITEM]

B.

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 6/14/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22296

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

C.

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 6/20/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22297

Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.15

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 7/10/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.83

[MEMO ITEM]

B.

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 7/24/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22292

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.00

[MEMO ITEM]

C.

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 7/26/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22293

Date of Disbursement

/ /

Amount of Each Disbursement this Period

22.54

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 8/6/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22294

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

18.08

[MEMO ITEM]

B.

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 8/27/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22290

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

50.34

[MEMO ITEM]

C.

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 9/12/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20379

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

5.21

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 10/25/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20365

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

35.92

[MEMO ITEM]

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 10/16/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20368

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

44.06

[MEMO ITEM]

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

Mailing Address 55 Smith St

City Englewood State NJ Zip Code 07631

Purpose of Disbursement
postage purchased 11/16/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20374

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

16.25

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Rockaway BP	Transaction ID: SB21B.22257 Date of Disbursement																				
Mailing Address 51 Hibernia Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	0	7												
City Rockaway State NJ Zip Code 07866	Amount of Each Disbursement this Period																				
Purpose of Disbursement gas purchased 7/5/07 Candidate Name	<table border="1"> <tr> <td colspan="10">25.86</td> </tr> </table>	25.86																			
25.86																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Rockaway BP	Transaction ID: SB21B.22258 Date of Disbursement																				
Mailing Address 51 Hibernia Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	0	7												
City Rockaway State NJ Zip Code 07866	Amount of Each Disbursement this Period																				
Purpose of Disbursement gas purchased 7/10/07 Candidate Name	<table border="1"> <tr> <td colspan="10">28.27</td> </tr> </table>	28.27																			
28.27																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Rockaway BP	Transaction ID: SB21B.22259 Date of Disbursement																				
Mailing Address 51 Hibernia Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	8		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	8		0	2		2	0	0	7												
City Rockaway State NJ Zip Code 07866	Amount of Each Disbursement this Period																				
Purpose of Disbursement gas purchased 7/15/07 Candidate Name	<table border="1"> <tr> <td colspan="10">30.01</td> </tr> </table>	30.01																			
30.01																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
gas purchased 7/18/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22260

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.44

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
gas purchased 8/10/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22261

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.38

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
gas purchased 8/15/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22267

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.45

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 174 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
gas purchased 9/6/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22262

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

22.20

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
gas purchased 9/11/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22263

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

23.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
gas purchased 9/13/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22268

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

18.03

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 175 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
gas purchased 10/14/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20342

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.03

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
gas purchased 10/17/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20350

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.60

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City
Rockaway

State
NJ

Zip Code
07866

Purpose of Disbursement
gas purchased 11/26/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20340

Date of Disbursement

/ /

Amount of Each Disbursement this Period

26.02

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
gas purchased 11/30/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20348

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

3.37

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Rockaway BP

Mailing Address 51 Hibernia Ave

City State Zip Code
Rockaway NJ 07866

Purpose of Disbursement
gas purchased 11/16/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22269

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

24.02

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address 461-469 West St

City State Zip Code
Fort Lee NJ 07024

Purpose of Disbursement
office supplies purchased 8/16/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22282

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

40.38

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.22283 Date of Disbursement																				
Mailing Address 461-469 West St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	9		2	0	0	7												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement office supplies returned 8/20/07	<table border="1"> <tr> <td>-18.71</td> </tr> </table>	-18.71																			
-18.71																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.22284 Date of Disbursement																				
Mailing Address 461-469 West St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	9		2	0	0	7												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement office supplies purchased 8/20/07	<table border="1"> <tr> <td>30.43</td> </tr> </table>	30.43																			
30.43																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.22285 Date of Disbursement																				
Mailing Address 461-469 West St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	9		2	0	0	7												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement office supplies purchased 8/21/07	<table border="1"> <tr> <td>20.29</td> </tr> </table>	20.29																			
20.29																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB21B.20377 Date of Disbursement																				
Mailing Address 461-469 West St	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	9		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	9		2	0	7													
City State Zip Code Fort Lee NJ 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement paper purchased 11/26/07 Candidate Name	<table border="1"> <tr> <td colspan="10">21.67</td> </tr> </table>	21.67																			
21.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Trudy Stern	Transaction ID: SB21B.20383 Date of Disbursement																				
Mailing Address 480 ocean ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		0	7		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		0	7		2	0	7													
City State Zip Code Lawrence NY 11559	Amount of Each Disbursement this Period																				
Purpose of Disbursement In-kind - see memo text Candidate Name	<table border="1"> <tr> <td colspan="10">305.90</td> </tr> </table>	305.90																			
305.90																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																					
C. Full Name (Last, First, Middle Initial) St Paul Travelers Indemnity	Transaction ID: SB21B.20205 Date of Disbursement																				
Mailing Address POB 96596	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>7</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	7	
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	7													
City State Zip Code Chicago IL 60693-6596	Amount of Each Disbursement this Period																				
Purpose of Disbursement worker's comp Candidate Name	<table border="1"> <tr> <td colspan="10">456.00</td> </tr> </table>	456.00																			
456.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:																					

SUBTOTAL of Disbursements This Page (optional)

761.90

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 7/31/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20341

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.52

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 7/2/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22232

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.01

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 7/26/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22233

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.62

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 180 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 8/3/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22234

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.24

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 8/7/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22235

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.18

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 8/20/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22236

Date of Disbursement

/ /

Amount of Each Disbursement this Period

32.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 8/24/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22237

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 8/29/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22238

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.39

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 9/18/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22239

Date of Disbursement

/ /

Amount of Each Disbursement this Period

21.95

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 9/21/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.22240

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

22.25

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 9/25/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.22241

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

24.50

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 10/11/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.20347

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

28.39

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 10/2/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.22242

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

24.13

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 10/8/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.22243

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

23.41

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
gas purchased 10/22/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.22244

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

27.20

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 10/24/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22245

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

17.43

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 11/1/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22246

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

20.46

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 11/9/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22247

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

31.64

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 11/14/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22248

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

26.59

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 11/19/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22249

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

27.34

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 11/23/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22250

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

34.42

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 11/29/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22251

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

27.88

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Triangle Exxon

Mailing Address 2151 Lemoine Ave

City Fort Lee State NJ Zip Code 07024

Purpose of Disbursement
gas purchased 11/30/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22252

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

12.00

[MEMO ITEM]

C.

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

Mailing Address 1445 Valley Rd

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20012

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

52.70

SUBTOTAL of Disbursements This Page (optional)

52.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

895.29

B.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.19984

Date of Disbursement

/ /

Amount of Each Disbursement this Period

431.51

C.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20050

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.70

SUBTOTAL of Disbursements This Page (optional)

1379.50

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20051

Date of Disbursement

/ /

Amount of Each Disbursement this Period

401.42

B.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20026

Date of Disbursement

/ /

Amount of Each Disbursement this Period

533.47

C.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
analysis service charge

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

11.96

SUBTOTAL of Disbursements This Page (optional)

946.85

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.20093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.70

B.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.20094

Date of Disbursement

/ /

Amount of Each Disbursement this Period

705.39

C.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: SB21B.20076

Date of Disbursement

/ /

Amount of Each Disbursement this Period

56.37

SUBTOTAL of Disbursements This Page (optional)

814.46

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20187

Date of Disbursement

/ /

Amount of Each Disbursement this Period

52.70

B.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20188

Date of Disbursement

/ /

Amount of Each Disbursement this Period

84.62

C.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20155

Date of Disbursement

/ /

Amount of Each Disbursement this Period

106.15

SUBTOTAL of Disbursements This Page (optional)

243.47

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Valley National Bank</p> <p>Mailing Address 1445 Valley Rd</p> <p>City Wayne State NJ Zip Code 07470</p> <p>Purpose of Disbursement credit card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.20206</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="244.10"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Valley National Bank</p> <p>Mailing Address 1445 Valley Rd</p> <p>City Wayne State NJ Zip Code 07470</p> <p>Purpose of Disbursement credit card</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.20207</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="132.49"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Valley National Bank</p> <p>Mailing Address 1445 Valley Rd</p> <p>City Wayne State NJ Zip Code 07470</p> <p>Purpose of Disbursement credit card processing fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.20220</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="43.71"/></p>

SUBTOTAL of Disbursements This Page (optional) ►

420.30

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 192 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20260

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

52.70

B.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20262

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

131.01

C.

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

Mailing Address 1445 Valley Rd

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
credit card processing fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20243

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

35.47

SUBTOTAL of Disbursements This Page (optional)

219.18

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 193 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Verizon wireless Mailing Address PO Box 17120	Transaction ID: SB21B.20015 Date of Disbursement <div> <div>07</div> <div>25</div> <div>2007</div> </div>
City Tucson State AZ Zip Code 85731 Purpose of Disbursement phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>101.81</div>
B. Full Name (Last, First, Middle Initial) Verizon wireless Mailing Address PO Box 17120 City Tucson State AZ Zip Code 85731 Purpose of Disbursement phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20063 Date of Disbursement <div> <div>08</div> <div>31</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>101.97</div>
C. Full Name (Last, First, Middle Initial) Verizon wireless Mailing Address PO Box 17120 City Tucson State AZ Zip Code 85731 Purpose of Disbursement phone service Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.20098 Date of Disbursement <div> <div>09</div> <div>27</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>101.81</div>

SUBTOTAL of Disbursements This Page (optional)

305.59

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 194 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Verizon wireless	Transaction ID: SB21B.20190 Date of Disbursement																				
Mailing Address PO Box 17120	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	7												
City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period																				
Purpose of Disbursement phone service Candidate Name	<table border="1"> <tr> <td colspan="10">101.88</td> </tr> </table>	101.88																			
101.88																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Verizon wireless	Transaction ID: SB21B.20209 Date of Disbursement																				
Mailing Address PO Box 17120	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	7		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	7		2	0	0	7												
City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period																				
Purpose of Disbursement phone service Candidate Name	<table border="1"> <tr> <td colspan="10">101.78</td> </tr> </table>	101.78																			
101.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Verizon wireless	Transaction ID: SB21B.20264 Date of Disbursement																				
Mailing Address PO Box 17120	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	1		2	0	0	7												
City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period																				
Purpose of Disbursement phone service Candidate Name	<table border="1"> <tr> <td colspan="10">101.78</td> </tr> </table>	101.78																			
101.78																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

305.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: SB21B.20362 Date of Disbursement
Mailing Address 2151 Lemoine Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 7</div> </div>
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period
Purpose of Disbursement print photos - purchased 6/11/07 Candidate Name	<div> <div></div> <div>12.15</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
B. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: SB21B.20366 Date of Disbursement
Mailing Address 2151 Lemoine Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 7</div> </div>
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period
Purpose of Disbursement print photos - purchased 6/12/07 Candidate Name	<div> <div></div> <div>18.65</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>
C. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: SB21B.20371 Date of Disbursement
Mailing Address 2151 Lemoine Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 7</div> </div>
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period
Purpose of Disbursement print photos - purchased 7/3/07 Candidate Name	<div> <div></div> <div>29.22</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<div> <div>Category/Type</div> <div>[MEMO ITEM]</div> </div>

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 196 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

Walgreens

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
print photos - purchased 7/4/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20373

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.47

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Walgreens

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
print photos - purchased 7/25/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22273

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.40

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Walgreens

Mailing Address 2151 Lemoine Ave

City
Fort Lee

State
NJ

Zip Code
07024

Purpose of Disbursement
print photos - purchased 7/25/07

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.40

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 197 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: SB21B.22272 Date of Disbursement
Mailing Address 2151 Lemoine Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 7</div> </div>
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period
Purpose of Disbursement print photos - purchased 7/19/07	<div> <div></div> <div>19.87</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: SB21B.22274 Date of Disbursement
Mailing Address 2151 Lemoine Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 7</div> </div>
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period
Purpose of Disbursement print photos - purchased 8/1/07	<div> <div></div> <div>7.27</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: SB21B.22275 Date of Disbursement
Mailing Address 2151 Lemoine Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 8 / 2 0 0 7</div> </div>
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period
Purpose of Disbursement print photos - purchased 9/11/07	<div> <div></div> <div>27.40</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 198 / 343

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: SB21B.22276 Date of Disbursement																				
Mailing Address 2151 Lemoine Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	0	7												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement print photos - purchased 9/25/07 Candidate Name	<table border="1"> <tr> <td colspan="10">19.06</td> </tr> </table>	19.06																			
19.06																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
B. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: SB21B.22277 Date of Disbursement																				
Mailing Address 2151 Lemoine Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	7												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement print photos - purchased 10/10/07 Candidate Name	<table border="1"> <tr> <td colspan="10">38.51</td> </tr> </table>	38.51																			
38.51																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				
C. Full Name (Last, First, Middle Initial) Walgreens	Transaction ID: SB21B.22278 Date of Disbursement																				
Mailing Address 2151 Lemoine Ave	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	0	7												
City Fort Lee State NJ Zip Code 07024	Amount of Each Disbursement this Period																				
Purpose of Disbursement print photos - purchased 10/17/07 Candidate Name	<table border="1"> <tr> <td colspan="10">7.67</td> </tr> </table>	7.67																			
7.67																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	[MEMO ITEM]																				

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Walgreens

Mailing Address 2151 Lemoine Ave

City State Zip Code
Fort Lee NJ 07024

Purpose of Disbursement
print photos - purchased 11/21/07
Candidate Name

Category/
Type

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

Transaction ID: SB21B.20376
Date of Disbursement

/ /

Amount of Each Disbursement this Period

14.99

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
Payroll - Memb Dir. Disp #20007
Candidate Name

Category/
Type

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

Transaction ID: SB21B.22213
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1095.54

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
Payroll - Memb Dir. Disp #20018
Candidate Name

Category/
Type

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

Transaction ID: SB21B.22214
Date of Disbursement

/ /

Amount of Each Disbursement this Period

798.14

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
June-July travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20043

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

208.20

B.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
Payroll - Memb Dir. Disp #20047

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22215

Date of Disbursement

08 / 09 / 2007

Amount of Each Disbursement this Period

798.14

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
Payroll - Memb Dir. Disp #20058

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22216

Date of Disbursement

08 / 23 / 2007

Amount of Each Disbursement this Period

798.14

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

208.20

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20085

Date of Disbursement

/ /

Amount of Each Disbursement this Period

118.12

B.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
Payroll - Memb Dir. Disp #20081

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22217

Date of Disbursement

/ /

Amount of Each Disbursement this Period

798.14

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City State Zip Code
Wayne NJ 07470

Purpose of Disbursement
Payroll - Memb Dir. Disp #20096

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22218

Date of Disbursement

/ /

Amount of Each Disbursement this Period

798.14

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

118.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) Rachel Wolkowitz <hr/> Mailing Address 16 Berry Drive	Transaction ID: SB21B.20178 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	7												
City Wayne State NJ Zip Code 07470 Purpose of Disbursement travel reimbursement Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">99.14</div>																				
B. Full Name (Last, First, Middle Initial) Rachel Wolkowitz <hr/> Mailing Address 16 Berry Drive <hr/> City Wayne State NJ Zip Code 07470 Purpose of Disbursement Payroll - Memb Dir. Disp #20182 Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.22219 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">798.14</div> [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	4		2	0	0	7												
C. Full Name (Last, First, Middle Initial) Rachel Wolkowitz <hr/> Mailing Address 16 Berry Drive <hr/> City Wayne State NJ Zip Code 07470 Purpose of Disbursement Payroll - Memb Dir. Disp #20182 Candidate Name <div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto;"></div> Category/ Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21B.22220 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Amount of Each Disbursement this Period <div style="border: 1px solid black; width: 100%; text-align: right; padding-right: 10px;">798.14</div> [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	0	7												

SUBTOTAL of Disbursements This Page (optional)

99.14

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
travel reimbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.20191

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

110.00

B.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
Payroll - Memb Dir. Disp #20196

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22221

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

798.14

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
Rachel Wolkowitz

Mailing Address 16 Berry Drive

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
Payroll - Memb Dir. Disp #20256

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: SB21B.22222

Date of Disbursement

12 / 10 / 2007

Amount of Each Disbursement this Period

667.89

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

110.00

TOTAL This Period (last page this line number only)

50367.79

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

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

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NAME OF COMMITTEE (In Full)
NORPAC**A.** Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement

011
Category/
TypeCandidate Name
ALLYSON SCHWARTZ FOR CONGRESSOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.20252

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046Purpose of Disbursement
check from Michael Levin011
Category/
TypeCandidate Name
ALLYSON SCHWARTZ FOR CONGRESSOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.19964

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046Purpose of Disbursement
check from Nathan Lindenbaum011
Category/
TypeCandidate Name
ALLYSON SCHWARTZ FOR CONGRESSOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.19966

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 2 4 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
check from Joseph Rosenbaum

Candidate Name
ALLYSON SCHWARTZ FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.19967

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046

Purpose of Disbursement
check from Andrew Shechtel

Candidate Name
ALLYSON SCHWARTZ FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: SB23.19968

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City State Zip Code
WILMINGTON DE 19899

Purpose of Disbursement
check from Hannah-Jean Brafman

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23.19499

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19501 Date of Disbursement
Mailing Address PO BOX 438	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 7</div> </div>
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement check from Lee Schwartz	<div>100.00</div>
Candidate Name BIDEN FOR PRESIDENT INC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19502 Date of Disbursement
Mailing Address PO BOX 438	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 7</div> </div>
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement check from Gary Snitow	<div>100.00</div>
Candidate Name BIDEN FOR PRESIDENT INC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19503 Date of Disbursement
Mailing Address PO BOX 438	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 6 / 2 0 0 7</div> </div>
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement check from Daniel Feuer	<div>150.00</div>
Candidate Name BIDEN FOR PRESIDENT INC	<div>011</div> <div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19504 Date of Disbursement
Mailing Address PO BOX 438	<div> <div>07</div> <div>16</div> <div>2007</div> </div>
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement check from Henry Glenn Candidate Name BIDEN FOR PRESIDENT INC	<div>200.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19505 Date of Disbursement
Mailing Address PO BOX 438	<div> <div>07</div> <div>16</div> <div>2007</div> </div>
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement check from Helen Goldberg Candidate Name BIDEN FOR PRESIDENT INC	<div>200.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19506 Date of Disbursement
Mailing Address PO BOX 438	<div> <div>07</div> <div>16</div> <div>2007</div> </div>
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement check from Lawrence Diener Candidate Name BIDEN FOR PRESIDENT INC	<div>250.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Anne Gontownik

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19507

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Marvin Rosen

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19508

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Aaron Stein

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19509

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Ronald Weiss

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19510

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Robert Gottesman

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19511

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Joel Jacobs

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19512

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Abraham Kramer

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19513

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Drew Parker

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19514

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Michael Parker

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19516

Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Howard Baruch

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19517
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
credit card from Joshua Landes

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19518
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Sheldon Zelig

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19519
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Jack Halpern

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
 State: District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19520
Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

1700.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Jack Halpern

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
 State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19521
Date of Disbursement

07 / 16 / 2007

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Paul Lerer

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
 State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19522
Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
credit card from Mort Fridman

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
 State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19523
Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
credit card from Daniel Lewis

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
 State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19524
Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Annamaria Oppedisano

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House
☐ Senate
☒ President
 State: District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19525
Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.	Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19526
	Mailing Address PO BOX 438	Date of Disbursement <div> <div>07</div> <div>19</div> <div>2007</div> </div>
	City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
	Purpose of Disbursement check from Sui Tong Lee Candidate Name BIDEN FOR PRESIDENT INC	<div>2000.00</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19527
	Mailing Address PO BOX 438	Date of Disbursement <div> <div>07</div> <div>19</div> <div>2007</div> </div>
	City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
	Purpose of Disbursement check from Meir Melnicke Candidate Name BIDEN FOR PRESIDENT INC	<div>2000.00</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19528
	Mailing Address PO BOX 438	Date of Disbursement <div> <div>07</div> <div>19</div> <div>2007</div> </div>
	City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
	Purpose of Disbursement check from John Kruger Candidate Name BIDEN FOR PRESIDENT INC	<div>2300.00</div>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/ Type [MEMO ITEM]
	SUBTOTAL of Disbursements This Page (optional) ▶	<div>0.00</div>
	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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC Mailing Address PO BOX 438	Transaction ID: SB23.19529 Date of Disbursement <div> <div>07</div> <div>19</div> <div>2007</div> </div>
City WILMINGTON State DE Zip Code 19899 Purpose of Disbursement check from John Kruger Candidate Name BIDEN FOR PRESIDENT INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Amount of Each Disbursement this Period <div>2300.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC Mailing Address PO BOX 438 City WILMINGTON State DE Zip Code 19899 Purpose of Disbursement check from Anna Oppedisano Candidate Name BIDEN FOR PRESIDENT INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB23.19530 Date of Disbursement <div> <div>07</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2300.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC Mailing Address PO BOX 438 City WILMINGTON State DE Zip Code 19899 Purpose of Disbursement check from Jack Rosen Candidate Name BIDEN FOR PRESIDENT INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB23.19531 Date of Disbursement <div> <div>07</div> <div>19</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>2300.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Jack Rosen

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House ☐ Senate ☒ President
 Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼
 State: District: 00

Transaction ID: SB23.19532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from William Weiss

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House ☐ Senate ☒ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District: 00

Transaction ID: SB23.19533

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House ☐ Senate ☒ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District: 00

Transaction ID: SB23.20023

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Nathan Lindenbaum

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House ☐ Senate ☒ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District: 00

011
Category/
Type

Transaction ID: SB23.19534
Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Leon Kozak

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House ☐ Senate ☒ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District: 00

011
Category/
Type

Transaction ID: SB23.19535
Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Jason Muss

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House ☐ Senate ☒ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
State: District: 00

011
Category/
Type

Transaction ID: SB23.19536
Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19537 Date of Disbursement
Mailing Address PO BOX 438	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 7</div> </div>
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement check from Kenneth Starr	<div> <div></div> <div>300.00</div> </div>
Candidate Name BIDEN FOR PRESIDENT INC	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19538 Date of Disbursement
Mailing Address PO BOX 438	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 0 6 / 2 0 0 7</div> </div>
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement check from Kenneth Starr	<div> <div></div> <div>2300.00</div> </div>
Candidate Name BIDEN FOR PRESIDENT INC	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC	Transaction ID: SB23.19539 Date of Disbursement
Mailing Address PO BOX 438	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 1 6 / 2 0 0 7</div> </div>
City WILMINGTON State DE Zip Code 19899	Amount of Each Disbursement this Period
Purpose of Disbursement check from Kenneth Eckstein	<div> <div></div> <div>500.00</div> </div>
Candidate Name BIDEN FOR PRESIDENT INC	<div> <div>011</div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Herbert Seif

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House ☐ Senate ☒ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District: 00

011
Category/
Type

Transaction ID: SB23.19540
Date of Disbursement

08 / 17 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House ☐ Senate ☒ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District: 00

011
Category/
Type

Transaction ID: SB23.20072
Date of Disbursement

08 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
BIDEN FOR PRESIDENT INC

Mailing Address PO BOX 438

City WILMINGTON State DE Zip Code 19899

Purpose of Disbursement
check from Lily Kronenberg Feder

Candidate Name
BIDEN FOR PRESIDENT INC

Office Sought: ☐ House ☐ Senate ☒ President
 Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District: 00

011
Category/
Type

Transaction ID: SB23.19977
Date of Disbursement

08 / 24 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC Mailing Address PO BOX 438	Transaction ID: SB23.19541 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div>
City WILMINGTON State DE Zip Code 19899 Purpose of Disbursement check from Moshael Straus Candidate Name BIDEN FOR PRESIDENT INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Amount of Each Disbursement this Period <div>500.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) BIDEN FOR PRESIDENT INC Mailing Address PO BOX 438 City WILMINGTON State DE Zip Code 19899 Purpose of Disbursement Candidate Name BIDEN FOR PRESIDENT INC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB23.20070 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1100.00</div>
C. Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE Mailing Address PO BOX 848 City CHATTANOOGA State TN Zip Code 37401 Purpose of Disbursement Debt retirement from Ben Chouake Candidate Name BOB CORKER FOR SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 00	Transaction ID: SB23.19803 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 2 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> [MEMO ITEM]
SUBTOTAL of Disbursements This Page (optional) ▶	<div>1100.00</div>
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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Drew Parker

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19804

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Michael Parker

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19805

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Jeffrey Parker

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19806

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Yehuda Blinder

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19807

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Mort Fridman

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19808

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Robert Gottesman

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19809

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Paul Lerer

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19810

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from David Muschel

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19811

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from James Schwalbe

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19812

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Sheldon Zelig

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19813

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Alan Berger

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19814

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Barry Badner

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19815

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Michael Ratzker

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19816

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Hershel Feldman

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19817

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

180.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Steven David

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19818

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Arthur KookCandidate Name
BOB CORKER FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.19819

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Richard SchlusellCandidate Name
BOB CORKER FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.19820

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Michael BlumenthalCandidate Name
BOB CORKER FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.19821

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Richard Finkelstein

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19822

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Gwen Francis

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19823

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Roberta Klafter

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19824

Date of Disbursement

07 / 22 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Elliot ShulmanCandidate Name
BOB CORKER FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.19825

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	7

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Norman SohnCandidate Name
BOB CORKER FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.19826

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	7

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Kevin LemmerCandidate Name
BOB CORKER FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: SB23.19827

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	7

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Leon Kozak

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19828

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
debt retirement

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20064

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Jack Halpern

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19829

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Jerry GontownikCandidate Name
BOB CORKER FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.19830

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from David RabinowitzCandidate Name
BOB CORKER FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.19831

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 7

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Gilad OttensoferCandidate Name
BOB CORKER FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.19833

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 9 / 2 0 0 7

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
debt retirement

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20193

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Ben Chouake

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19834

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

320.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
Debt retirement from Mitchell Weitzner

Candidate Name
BOB CORKER FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: TN District: 00

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19835

Date of Disbursement

11 / 09 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE 2012

Mailing Address PO BOX 848
PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
check from Ken Greif

Candidate Name
BOB CORKER FOR SENATE 2012

Office Sought: ☐ House ☒ Senate ☐ President
State: TN District: 00

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.19836

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE 2012

Mailing Address PO BOX 848
PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
credit card from John Lipowski

Candidate Name
BOB CORKER FOR SENATE 2012

Office Sought: ☐ House ☒ Senate ☐ President
State: TN District: 00

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.19841

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
BOB CORKER FOR SENATE 2012

Mailing Address PO BOX 848
PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement
void: never charged John Lipowski cc

Candidate Name
BOB CORKER FOR SENATE 2012

Office Sought: ☐ House ☒ Senate ☐ President
State: TN District: 00

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.19842

Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.20249 Date of Disbursement
Mailing Address POST OFFICE BOX 12469	<div> <div>12</div> <div>13</div> <div>2007</div> </div>
City ATLANTA State GA Zip Code 30355	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2000.00</div>
Candidate Name CHAMBLISS FOR SENATE	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.19946 Date of Disbursement
Mailing Address POST OFFICE BOX 12469	<div> <div>12</div> <div>17</div> <div>2007</div> </div>
City ATLANTA State GA Zip Code 30355	Amount of Each Disbursement this Period
Purpose of Disbursement check from Joseph Mark	<div>2300.00</div>
Candidate Name CHAMBLISS FOR SENATE	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.19948 Date of Disbursement
Mailing Address POST OFFICE BOX 12469	<div> <div>12</div> <div>17</div> <div>2007</div> </div>
City ATLANTA State GA Zip Code 30355	Amount of Each Disbursement this Period
Purpose of Disbursement check from Joseph Mark	<div>2000.00</div>
Candidate Name CHAMBLISS FOR SENATE	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
check from Jerry Gontownik

Candidate Name
CHAMBLISS FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19949
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
check from Marc Schlusel

Candidate Name
CHAMBLISS FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19950
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
check from Rena Schlusel

Candidate Name
CHAMBLISS FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19951
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
check from Abraham Schluskel

Candidate Name
CHAMBLISS FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19952

Date of Disbursement

12 / 17 / 2007

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
credit card from Ben Chouake

Candidate Name
CHAMBLISS FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19953

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
check from Jason Muss

Candidate Name
CHAMBLISS FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19954

Date of Disbursement

12 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
credit card from John Lipowski

Candidate Name
CHAMBLISS FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19955

Date of Disbursement

/

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement

Candidate Name
CHAMBLISS FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20250

Date of Disbursement

/

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
CHAMBLISS FOR SENATE

Mailing Address POST OFFICE BOX 12469

City ATLANTA State GA Zip Code 30355

Purpose of Disbursement
check from Mordecai Katz

Candidate Name
CHAMBLISS FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: GA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19956

Date of Disbursement

/

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) CHAMBLISS FOR SENATE	Transaction ID: SB23.19957 Date of Disbursement
Mailing Address POST OFFICE BOX 12469	<div> <div>12</div> <div>28</div> <div>2007</div> </div>
City ATLANTA State GA Zip Code 30355	Amount of Each Disbursement this Period
Purpose of Disbursement check from Lieba Halpern Candidate Name CHAMBLISS FOR SENATE	<div>2000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/Type [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.19416 Date of Disbursement
Mailing Address 426 C STREET NE CARRIAGE HOUSE	<div> <div>07</div> <div>06</div> <div>2007</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement check from Jack Halpern Candidate Name CITIZENS FOR ARLEN SPECTER	<div>2000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/Type [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.19417 Date of Disbursement
Mailing Address 426 C STREET NE CARRIAGE HOUSE	<div> <div>07</div> <div>06</div> <div>2007</div> </div>
City WASHINGTON State DC Zip Code 20002	Amount of Each Disbursement this Period
Purpose of Disbursement check from Leon Kozak Candidate Name CITIZENS FOR ARLEN SPECTER	<div>2000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div>011</div> Category/Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
CITIZENS FOR ARLEN SPECTER

Mailing Address 426 C STREET NE
CARRIAGE HOUSE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

011
Category/
Type

Candidate Name
CITIZENS FOR ARLEN SPECTER

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.20025

Date of Disbursement

07 / 06 / 2007

Amount of Each Disbursement this Period

3000.00

B. Full Name (Last, First, Middle Initial)
COLEMAN FOR SENATE 08

Mailing Address 570 ASBURY STREET SUITE 201A

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
check from Jack Halpern

011
Category/
Type

Candidate Name
COLEMAN FOR SENATE 08

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 00

Transaction ID: SB23.19403

Date of Disbursement

07 / 06 / 2007

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
COLEMAN FOR SENATE 08

Mailing Address 570 ASBURY STREET SUITE 201A

City ST PAUL State MN Zip Code 55104

Purpose of Disbursement
credit card from David Rabinowitz

011
Category/
Type

Candidate Name
COLEMAN FOR SENATE 08

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 00

Transaction ID: SB23.19405

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
COLEMAN FOR SENATE 08

Mailing Address 570 ASBURY STREET SUITE 201A

City State Zip Code
ST PAUL MN 55104

Purpose of Disbursement
check from Cristyneategano-Nicholas

Candidate Name
COLEMAN FOR SENATE 08

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19404

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
COLEMAN FOR SENATE 08

Mailing Address 570 ASBURY STREET SUITE 201A

City State Zip Code
ST PAUL MN 55104

Purpose of Disbursement
check from Jeremy Schwalbe

Candidate Name
COLEMAN FOR SENATE 08

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19406

Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City State Zip Code
BANGOR ME 04402

Purpose of Disbursement
check from Walter Weinstein

Candidate Name
COLLINS FOR SENATOR

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19916

Date of Disbursement

07 / 15 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096	Transaction ID: SB23.19917 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 9 / 2 0 0 7</div> </div>
City BANGOR State ME Zip Code 04402 Purpose of Disbursement check from Robert Gottesman Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>500.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096 City BANGOR State ME Zip Code 04402 Purpose of Disbursement check from Jack Halpern Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19918 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2000.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096 City BANGOR State ME Zip Code 04402 Purpose of Disbursement check from Stacy Schusterman Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19919 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 2 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: SB23.19920 Date of Disbursement
Mailing Address PO BOX 1096	<div> <div>MM / DD / YY</div> <div>11 / 29 / 2007</div> </div>
City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period
Purpose of Disbursement check from Cookie Fishel	<div> <div>Amount</div> <div>2300.00</div> </div>
Candidate Name COLLINS FOR SENATOR	<div> <div>Category/Type</div> <div>011</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: SB23.19921 Date of Disbursement
Mailing Address PO BOX 1096	<div> <div>MM / DD / YY</div> <div>11 / 29 / 2007</div> </div>
City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period
Purpose of Disbursement check from David Fishel	<div> <div>Amount</div> <div>2300.00</div> </div>
Candidate Name COLLINS FOR SENATOR	<div> <div>Category/Type</div> <div>011</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR	Transaction ID: SB23.19922 Date of Disbursement
Mailing Address PO BOX 1096	<div> <div>MM / DD / YY</div> <div>11 / 29 / 2007</div> </div>
City BANGOR State ME Zip Code 04402	Amount of Each Disbursement this Period
Purpose of Disbursement check from Yonina Halpern	<div> <div>Amount</div> <div>2300.00</div> </div>
Candidate Name COLLINS FOR SENATOR	<div> <div>Category/Type</div> <div>011</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.	<p>Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR</p> <p>Mailing Address PO BOX 1096</p> <p>City BANGOR State ME Zip Code 04402</p> <p>Purpose of Disbursement check from Cheryl Halpern</p> <p>Candidate Name COLLINS FOR SENATOR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ME District: 00</p>	<p>Transaction ID: SB23.19923</p> <p>Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2300.00</div> </p> <p>[MEMO ITEM]</p>
B.	<p>Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR</p> <p>Mailing Address PO BOX 1096</p> <p>City BANGOR State ME Zip Code 04402</p> <p>Purpose of Disbursement check from Robert Goodman</p> <p>Candidate Name COLLINS FOR SENATOR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ME District: 00</p>	<p>Transaction ID: SB23.19924</p> <p>Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>2000.00</div> </p> <p>[MEMO ITEM]</p>
C.	<p>Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR</p> <p>Mailing Address PO BOX 1096</p> <p>City BANGOR State ME Zip Code 04402</p> <p>Purpose of Disbursement check from Cookie Fishel</p> <p>Candidate Name COLLINS FOR SENATOR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ME District: 00</p>	<p>Transaction ID: SB23.19925</p> <p>Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period <div>1700.00</div> </p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096	Transaction ID: SB23.19926 Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div>
City BANGOR State ME Zip Code 04402 Purpose of Disbursement check from David Fishel Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>1700.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096 City BANGOR State ME Zip Code 04402 Purpose of Disbursement check from Hannah-Jean Brafman Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19927 Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096 City BANGOR State ME Zip Code 04402 Purpose of Disbursement check from Reuven Escott Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19928 Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City State Zip Code
BANGOR ME 04402

Purpose of Disbursement
check from Maeira Halpern

Candidate Name
COLLINS FOR SENATOR

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19929
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City State Zip Code
BANGOR ME 04402

Purpose of Disbursement
check from Jason Muss

Candidate Name
COLLINS FOR SENATOR

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19930
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City State Zip Code
BANGOR ME 04402

Purpose of Disbursement
check from John Lipowski

Candidate Name
COLLINS FOR SENATOR

Office Sought: ☐ House
☒ Senate
☐ President

State: ME District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19931
Date of Disbursement

/ /

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096	Transaction ID: SB23.19932 Date of Disbursement <div> <div>11</div> <div>29</div> <div>2007</div> </div>
City BANGOR State ME Zip Code 04402 Purpose of Disbursement check from Deborah Berger Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>250.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096 City BANGOR State ME Zip Code 04402 Purpose of Disbursement credit card from Mort Fridman Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19933 Date of Disbursement <div> <div>12</div> <div>01</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>500.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) COLLINS FOR SENATOR Mailing Address PO BOX 1096 City BANGOR State ME Zip Code 04402 Purpose of Disbursement check from Nathan Lindenbaum Candidate Name COLLINS FOR SENATOR Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19934 Date of Disbursement <div> <div>12</div> <div>04</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>1000.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
DURBIN FOR SENATE

Mailing Address PO BOX 6161

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
check from Drew Parker

Candidate Name
DURBIN FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: IL District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19411

Date of Disbursement

07 / 06 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
DURBIN FOR SENATE

Mailing Address PO BOX 6161

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
check from Kenneth Hoffman

Candidate Name
DURBIN FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: IL District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19410

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FRELINGHUYSEN FOR CONGRESS

Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement
check from Paula Gottesman

Candidate Name
FRELINGHUYSEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19782

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.** Full Name (Last, First, Middle Initial)
FRELINGHUYSEN FOR CONGRESS

Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement
check from Paula GottesmanCandidate Name
FRELINGHUYSEN FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 11

Transaction ID: SB23.19783

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Amount of Each Disbursement this Period

1700.00

[MEMO ITEM]**B.** Full Name (Last, First, Middle Initial)
FRELINGHUYSEN FOR CONGRESS

Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

Purpose of Disbursement

Candidate Name
FRELINGHUYSEN FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 11

Transaction ID: SB23.20192

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Robert GoodmanCandidate Name
FRIENDS OF GORDON SMITHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.19658

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	7

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.** Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from David SchluselCandidate Name
FRIENDS OF GORDON SMITHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.19660

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	7

Amount of Each Disbursement this Period

1800.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Abraham SchluselCandidate Name
FRIENDS OF GORDON SMITHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.19661

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Jonathan ArtCandidate Name
FRIENDS OF GORDON SMITHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.19662

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Jerry Gontownik

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19663

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Michael Gottlieb

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19664

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Steven Klinghoffer

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19665

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Nathan Lindenbaum

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19666

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Joseph Mark

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19667

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Marc Schlusel

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19668

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.19669 Date of Disbursement 09 / 23 / 2007
	Mailing Address 228 S WASHINGTON STE 115	
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement check from Allen Friedman	011 Category/ Type
	Candidate Name FRIENDS OF GORDON SMITH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: OR District: 00	
B.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.19670 Date of Disbursement 09 / 23 / 2007
	Mailing Address 228 S WASHINGTON STE 115	
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement check from Robert Gottesman	011 Category/ Type
	Candidate Name FRIENDS OF GORDON SMITH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: OR District: 00	
C.	Full Name (Last, First, Middle Initial) FRIENDS OF GORDON SMITH	Transaction ID: SB23.19671 Date of Disbursement 09 / 23 / 2007
	Mailing Address 228 S WASHINGTON STE 115	
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement check from Michael Granoff	011 Category/ Type
	Candidate Name FRIENDS OF GORDON SMITH	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
	State: OR District: 00	
SUBTOTAL of Disbursements This Page (optional)		0.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Harriet Seif

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19672

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Barbara Bortniker

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19673

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Richard Schlusel

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19674

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Stewart Goldberg

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19675

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Mel Gluck

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19676

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from John Lipowski

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19677

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Richard Lobel

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19678

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Harry Reidler

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19679

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Margot Brandes

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19680

Date of Disbursement

09 / 23 / 2007

Amount of Each Disbursement this Period

10.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
credit card from Jack Halpern

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19681

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
credit card from Ben Chouake

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19682

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

1800.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
credit card from Jack Halpern

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19683

Date of Disbursement

09 / 24 / 2007

Amount of Each Disbursement this Period

1700.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.**Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Reuven EscottCandidate Name
FRIENDS OF GORDON SMITHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.19684

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

Amount of Each Disbursement this Period

500.00

011
Category/
Type

[MEMO ITEM]

B.Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
credit card from Mort FridmanCandidate Name
FRIENDS OF GORDON SMITHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.19685

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	7

Amount of Each Disbursement this Period

500.00

011
Category/
Type

[MEMO ITEM]

C.Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
credit card from Kevin LemmerCandidate Name
FRIENDS OF GORDON SMITHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.19686

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Howard Baruch

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19687

Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
credit card from Moshe Vizel

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19688

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Joshua Landes

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19689

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Mark Druck

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19690

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from David Rosenblatt

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19691

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Jason Muss

Candidate Name
FRIENDS OF GORDON SMITH

Office Sought: ☐ House
☒ Senate
☐ President

State: OR District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19692

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.** Full Name (Last, First, Middle Initial)
FRIENDS OF GORDON SMITH

Mailing Address 228 S WASHINGTON STE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
check from Drew ParkerCandidate Name
FRIENDS OF GORDON SMITHOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: SB23.19693

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
HILLARY CLINTON FOR PRESIDENT

Mailing Address PO Box 101436

City Arlington State VA Zip Code 22210

Purpose of Disbursement
Exploratory CommitteeCandidate Name
HILLARY CLINTON FOR PRESIDENTOffice Sought: ☐ House
☐ Senate
☒ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: SB23.20099

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	7

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
JOHN KERRY FOR SENATEMailing Address 10 G STREET NE
SUITE 710

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
check from Amy FriedkinCandidate Name
JOHN KERRY FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 00

Transaction ID: SB23.19439

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	7

Amount of Each Disbursement this Period

750.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) JOHN KERRY FOR SENATE</p> <hr/> <p>Mailing Address 10 G STREET NE SUITE 710</p> <hr/> <p>City WASHINGTON State DC Zip Code 20002</p> <hr/> <p>Purpose of Disbursement check from Shelly Kassen</p> <p>Candidate Name JOHN KERRY FOR SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 00</p>	<p>Transaction ID: SB23.19441 Date of Disbursement <div>07 / 23 / 2007</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>1000.00</div></p> <hr/> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) JOHN KERRY FOR SENATE</p> <hr/> <p>Mailing Address 10 G STREET NE SUITE 710</p> <hr/> <p>City WASHINGTON State DC Zip Code 20002</p> <hr/> <p>Purpose of Disbursement check from Bernice Manocherian</p> <p>Candidate Name JOHN KERRY FOR SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 00</p>	<p>Transaction ID: SB23.19442 Date of Disbursement <div>07 / 23 / 2007</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>1000.00</div></p> <hr/> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) JOHN KERRY FOR SENATE</p> <hr/> <p>Mailing Address 10 G STREET NE SUITE 710</p> <hr/> <p>City WASHINGTON State DC Zip Code 20002</p> <hr/> <p>Purpose of Disbursement check from Mohammad Niaz</p> <p>Candidate Name JOHN KERRY FOR SENATE</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MA District: 00</p>	<p>Transaction ID: SB23.19443 Date of Disbursement <div>07 / 23 / 2007</div></p> <hr/> <p>Amount of Each Disbursement this Period <div>500.00</div></p> <hr/> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
JOHN KERRY FOR SENATEMailing Address 10 G STREET NE
SUITE 710

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
check from Mohammad NiazCandidate Name
JOHN KERRY FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: MA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.19444

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	7

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
JOHN KERRY FOR SENATEMailing Address 10 G STREET NE
SUITE 710

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
check from Nicola VuottoCandidate Name
JOHN KERRY FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: MA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.19445

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	7

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
JOHN KERRY FOR SENATEMailing Address 10 G STREET NE
SUITE 710

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
check from Nick VuottoCandidate Name
JOHN KERRY FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: MA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB23.19446

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	0	7

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
JOHN KERRY FOR SENATE

Mailing Address 10 G STREET NE
SUITE 710

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
check from Eugene Grant

Candidate Name
JOHN KERRY FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: MA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19447

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
JOHN KERRY FOR SENATE

Mailing Address 10 G STREET NE
SUITE 710

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
credit card from Mort Fridman

Candidate Name
JOHN KERRY FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: MA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19448

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
JOHN KERRY FOR SENATE

Mailing Address 10 G STREET NE
SUITE 710

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
check from Bobab Jovanovic

Candidate Name
JOHN KERRY FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: MA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19449

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.**Full Name (Last, First, Middle Initial)
JOHN KERRY FOR SENATEMailing Address 10 G STREET NE
SUITE 710

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
JOHN KERRY FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ President

State: MA District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.20065

Date of Disbursement

M M / D D / Y Y Y Y
0 8 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period

1250.00

B.Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
check from Rosalyn KozakCandidate Name
JOHN MCCAIN 2008 INC.Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.19389

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 2 6 / 2 0 0 7

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

C.Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
credit card from Reuven EscottCandidate Name
JOHN MCCAIN 2008 INC.Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼011
Category/
Type

Transaction ID: SB23.19395

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 2 7 / 2 0 0 7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
credit card from Mort Fridman

Candidate Name
JOHN MCCAIN 2008 INC.

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19396

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement

Candidate Name
JOHN MCCAIN 2008 INC.

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.20253

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement
check from Lieba Halpern

Candidate Name
JOHN MCCAIN 2008 INC.

Office Sought: ☐ House
☐ Senate
☒ President

State: District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19393

Date of Disbursement

12 / 28 / 2007

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC. Mailing Address PO BOX 16118	Transaction ID: SB23.19392 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 0 7</div> </div>
City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement credit card from Leah Escott Candidate Name JOHN MCCAIN 2008 INC. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Amount of Each Disbursement this Period <div>2300.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC. Mailing Address PO BOX 16118 City ARLINGTON State VA Zip Code 22215 Purpose of Disbursement credit card from Reuven Escott Candidate Name JOHN MCCAIN 2008 INC. Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District: 00	Transaction ID: SB23.19394 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 0 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>1300.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) LAUTENBERG FOR SENATE Mailing Address 303 GEORGE STREET 6TH FLOOR City NEW BRUNSWICK State NJ Zip Code 08901 Purpose of Disbursement check from Reuven Escott Candidate Name LAUTENBERG FOR SENATE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 00	Transaction ID: SB23.19844 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 2 4 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>500.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.**Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
check from Jaim LeeCandidate Name
LAUTENBERG FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.19845

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]**B.**Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
credit card from Mort FridmanCandidate Name
LAUTENBERG FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.19846

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]**C.**Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
check from Michael ParkerCandidate Name
LAUTENBERG FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.19847

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

360.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
check from Charles BazCandidate Name
LAUTENBERG FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.19848

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	7	

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
check from Richard EngelCandidate Name
LAUTENBERG FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.19849

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	7	

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
check from Stephen PaulCandidate Name
LAUTENBERG FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.19850

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	7	

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
check from Melvin Solomon

Candidate Name
LAUTENBERG FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: NJ District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19851

Date of Disbursement

11 / 04 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
check from Neal Borovitz

Candidate Name
LAUTENBERG FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: NJ District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19852

Date of Disbursement

11 / 04 / 2007

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
credit card from Esther Chouake

Candidate Name
LAUTENBERG FOR SENATE

Office Sought: ☐ House
☒ Senate
☐ President

State: NJ District: 00

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19853

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
credit card from Reuven Escott

Candidate Name
LAUTENBERG FOR SENATE

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.19854

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

500.00

011
Category/
Type

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement

Candidate Name
LAUTENBERG FOR SENATE

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.20216

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

C.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement

Candidate Name
LAUTENBERG FOR SENATE

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.20217

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

740.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

5740.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
check from Robert GottesmanCandidate Name
LAUTENBERG FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.19855

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	5		2	0	7	

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement
check from Robert GoodmanCandidate Name
LAUTENBERG FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.19856

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	6		2	0	7	

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
LAUTENBERG FOR SENATE

Mailing Address 303 GEORGE STREET 6TH FLOOR

City NEW BRUNSWICK State NJ Zip Code 08901

Purpose of Disbursement

Candidate Name
LAUTENBERG FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: SB23.20248

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	7	

Amount of Each Disbursement this Period

1750.00

SUBTOTAL of Disbursements This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.** Full Name (Last, First, Middle Initial)
LINDSEY GRAHAM FOR SENATE

Mailing Address PO BOX 1801

City COLUMBIA State SC Zip Code 29202

Purpose of Disbursement

011

Category/
TypeCandidate Name
LINDSEY GRAHAM FOR SENATEOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 00

Transaction ID: SB23.20246

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
LOBIONDO FOR CONGRESS

Mailing Address PO BOX 775

City MARMORA State NJ Zip Code 08223

Purpose of Disbursement

011

Category/
TypeCandidate Name
LOBIONDO FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 02

Transaction ID: SB23.20215

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	1	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
check from Nathan Lindenbaum

011

Category/
TypeCandidate Name
MCCONNELL SENATE COMMITTEE '08Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.19559

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	6	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.20381 Date of Disbursement
Mailing Address PO BOX 1496	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 7 / 2 0 0 7</div> </div>
City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period
Purpose of Disbursement ad - see memo text	<div> <div></div> <div>44.10</div> </div>
Candidate Name MCCONNELL SENATE COMMITTEE '08	<div> <div>Category/Type</div> <div></div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.19561 Date of Disbursement
Mailing Address PO BOX 1496	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 7</div> </div>
City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period
Purpose of Disbursement check from Eliot Lauer	<div> <div></div> <div>1000.00</div> </div>
Candidate Name MCCONNELL SENATE COMMITTEE '08	<div> <div>Category/Type</div> <div>011</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.19563 Date of Disbursement
Mailing Address PO BOX 1496	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 0 9 / 2 0 0 7</div> </div>
City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period
Purpose of Disbursement check from Jason Muss	<div> <div></div> <div>1000.00</div> </div>
Candidate Name MCCONNELL SENATE COMMITTEE '08	<div> <div>Category/Type</div> <div>011</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08 Mailing Address PO BOX 1496	Transaction ID: SB23.19564 Date of Disbursement <div> <div>09</div> <div>09</div> <div>2007</div> </div>
City LOUISVILLE State KY Zip Code 40201 Purpose of Disbursement check from Joshua Muss Candidate Name MCCONNELL SENATE COMMITTEE '08 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Amount of Each Disbursement this Period <div>1000.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08 Mailing Address PO BOX 1496 City LOUISVILLE State KY Zip Code 40201 Purpose of Disbursement credit card from Mort Fridman Candidate Name MCCONNELL SENATE COMMITTEE '08 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Transaction ID: SB23.19565 Date of Disbursement <div> <div>09</div> <div>11</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>500.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08 Mailing Address PO BOX 1496 City LOUISVILLE State KY Zip Code 40201 Purpose of Disbursement credit card from Kevin Lemmer Candidate Name MCCONNELL SENATE COMMITTEE '08 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Transaction ID: SB23.19566 Date of Disbursement <div> <div>09</div> <div>11</div> <div>2007</div> </div> Amount of Each Disbursement this Period <div>500.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
credit card from Ben Chouake

Candidate Name
MCCONNELL SENATE COMMITTEE '08

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.19567

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
credit card from Jerry Gontownik

Candidate Name
MCCONNELL SENATE COMMITTEE '08

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.19568

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
credit card from Jack Halpern

Candidate Name
MCCONNELL SENATE COMMITTEE '08

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
Other (specify) ▼

State: KY District: 00

Transaction ID: SB23.19569

Date of Disbursement

09 / 11 / 2007

Amount of Each Disbursement this Period

700.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08 Mailing Address PO BOX 1496	Transaction ID: SB23.19570 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 7</div> </div>
City LOUISVILLE State KY Zip Code 40201 Purpose of Disbursement credit card from Ben Chouake Candidate Name MCCONNELL SENATE COMMITTEE '08 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Amount of Each Disbursement this Period <div>2300.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08 Mailing Address PO BOX 1496 City LOUISVILLE State KY Zip Code 40201 Purpose of Disbursement credit card from Jerry Gontownik Candidate Name MCCONNELL SENATE COMMITTEE '08 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Transaction ID: SB23.19571 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2300.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08 Mailing Address PO BOX 1496 City LOUISVILLE State KY Zip Code 40201 Purpose of Disbursement credit card from Jack Halpern Candidate Name MCCONNELL SENATE COMMITTEE '08 Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 00	Transaction ID: SB23.19572 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 1 / 2 0 0 7</div> </div> Amount of Each Disbursement this Period <div>2300.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.** Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

011
Category/
TypeCandidate Name
MCCONNELL SENATE COMMITTEE '08Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
Other (specify) ▼
State: KY District: 00

Transaction ID: SB23.20089

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

011
Category/
TypeCandidate Name
MCCONNELL SENATE COMMITTEE '08Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
Other (specify) ▼
State: KY District: 00

Transaction ID: SB23.20090

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 1 1 / 2 0 0 7

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement
credit card from Alan Berger011
Category/
TypeCandidate Name
MCCONNELL SENATE COMMITTEE '08Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
Other (specify) ▼
State: KY District: 00

Transaction ID: SB23.19573

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 0 / 2 0 0 7

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.19574 Date of Disbursement
Mailing Address PO BOX 1496	<div> <div>10</div> <div>01</div> <div>2007</div> </div>
City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period
Purpose of Disbursement credit card from Moshe Vizel	<div>100.00</div>
Candidate Name MCCONNELL SENATE COMMITTEE '08	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	[MEMO ITEM]
B. Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '08	Transaction ID: SB23.19575 Date of Disbursement
Mailing Address PO BOX 1496	<div> <div>11</div> <div>26</div> <div>2007</div> </div>
City LOUISVILLE State KY Zip Code 40201	Amount of Each Disbursement this Period
Purpose of Disbursement check from Lynn Mael	<div>250.00</div>
Candidate Name MCCONNELL SENATE COMMITTEE '08	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00	[MEMO ITEM]
C. Full Name (Last, First, Middle Initial) ILEANA ROS-LEHTINEN	Transaction ID: SB23.20219 Date of Disbursement
Mailing Address POST OFFICE BOX 52-2784	<div> <div>11</div> <div>20</div> <div>2007</div> </div>
City MIAMI State FL Zip Code 33152	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>2750.00</div>
Candidate Name ROS-LEHTINEN FOR CONGRESS	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	

SUBTOTAL of Disbursements This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Jonathan Gellis

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19740

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Michael Gottlieb

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19741

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Michael Kassen

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19742

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.** Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
check from Michael KatzCandidate Name
ROS-LEHTINEN FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19743

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
check from Nathan LindenbaumCandidate Name
ROS-LEHTINEN FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19744

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
check from Greg RaykherCandidate Name
ROS-LEHTINEN FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19745

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Barry Sklar

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19746

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Laurie Baumel

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19748

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Robert Gottesman

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19749

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Michael Granoff

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19750

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Martin Heistein

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19752

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Jerome Milch

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19753

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Hannah-Jean Brafman

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19754

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Dror Futter

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19755

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Roz Lipsky

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2008 ☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19756

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Gene Rosenberg

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19757

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Alan Berger

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19758

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Jason Dov Greenblatt

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19759

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Barbara Bortniker

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19760

Date of Disbursement

/ /

Amount of Each Disbursement this Period

150.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Richard Finkel

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19761

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Jorge Rodriguez

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19762

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Carmi Abramowitz

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19763

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

50.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
see memo text

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Transaction ID: SB23.20385

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

986.80

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
credit card from Ben Chouake

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19764

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
credit card from Kevin Lemmer

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19765

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
credit card from David Schlusel

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19766

Date of Disbursement

10 / 08 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
credit card from Mort Fridman

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19767

Date of Disbursement

10 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Robert Goodman

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19768

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

2000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Anne Gontownik

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19769

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from William Weiss

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19770

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC**A.** Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
check from Allen FriedmanCandidate Name
ROS-LEHTINEN FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19771

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
check from Ira PalgonCandidate Name
ROS-LEHTINEN FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19772

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City MIAMI State FL Zip Code 33152

Purpose of Disbursement
check from Jason MussCandidate Name
ROS-LEHTINEN FOR CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 18

Transaction ID: SB23.19773

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	2		2	0	0	7

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Drew Parker

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19774

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Sam Ebel

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19775

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ROS-LEHTINEN FOR CONGRESS

Mailing Address P O Box 52-2784

City State Zip Code
MIAMI FL 33152

Purpose of Disbursement
check from Joshua Landes

Candidate Name
ROS-LEHTINEN FOR CONGRESS

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 18

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.19776

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) ROS-LEHTINEN FOR CONGRESS	Transaction ID: SB23.19777 Date of Disbursement
Mailing Address P O Box 52-2784	<div> <div>11</div> <div>19</div> <div>2007</div> </div>
City MIAMI State FL Zip Code 33152	Amount of Each Disbursement this Period
Purpose of Disbursement check from Jerald Friedman	<div>500.00</div>
Candidate Name ROS-LEHTINEN FOR CONGRESS	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<div>[MEMO ITEM]</div>	
B. Full Name (Last, First, Middle Initial) ROS-LEHTINEN FOR CONGRESS	Transaction ID: SB23.19778 Date of Disbursement
Mailing Address P O Box 52-2784	<div> <div>11</div> <div>23</div> <div>2007</div> </div>
City MIAMI State FL Zip Code 33152	Amount of Each Disbursement this Period
Purpose of Disbursement check from Richard Schlusel	<div>100.00</div>
Candidate Name ROS-LEHTINEN FOR CONGRESS	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<div>[MEMO ITEM]</div>	
C. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19877 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>11</div> <div>18</div> <div>2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement check from Joshua Landes	<div>1000.00</div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<div>[MEMO ITEM]</div>	
SUBTOTAL of Disbursements This Page (optional)	<div>0.00</div>
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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address 15 ORMOND STREET

City DIX HILLS State NY Zip Code 11746

Purpose of Disbursement
check from Jonathan Wiener

Candidate Name
STEVE ISRAEL FOR CONGRESS COMMITTEE

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.19878

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address 15 ORMOND STREET

City DIX HILLS State NY Zip Code 11746

Purpose of Disbursement
check from Michael Chenkin

Candidate Name
STEVE ISRAEL FOR CONGRESS COMMITTEE

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.19879

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address 15 ORMOND STREET

City DIX HILLS State NY Zip Code 11746

Purpose of Disbursement
check from Harry Feder

Candidate Name
STEVE ISRAEL FOR CONGRESS COMMITTEE

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.19880

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address 15 ORMOND STREET

City DIX HILLS State NY Zip Code 11746

Purpose of Disbursement
check from David Lieberman

Candidate Name
STEVE ISRAEL FOR CONGRESS COMMITTEE

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.19881

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address 15 ORMOND STREET

City DIX HILLS State NY Zip Code 11746

Purpose of Disbursement
check from Sura Jeselsohn

Candidate Name
STEVE ISRAEL FOR CONGRESS COMMITTEE

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.19882

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address 15 ORMOND STREET

City DIX HILLS State NY Zip Code 11746

Purpose of Disbursement
check from Jerome Leff

Candidate Name
STEVE ISRAEL FOR CONGRESS COMMITTEE

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Transaction ID: SB23.19883

Date of Disbursement

/ /

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19884 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>11</div> <div>18</div> <div>2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement check from Bob Scheingoltz	<div>100.00</div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19885 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>11</div> <div>18</div> <div>2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement check from Micky Schon	<div>100.00</div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19886 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>11</div> <div>18</div> <div>2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement check from Arnold Stark	<div>100.00</div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19887 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>MM / DD / YY</div> <div>11 / 18 / 2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement check from Allan Leicht	<div> <div>50.00</div> </div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19888 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>MM / DD / YY</div> <div>11 / 18 / 2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement check from Ether Scher	<div> <div>50.00</div> </div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19889 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>MM / DD / YY</div> <div>11 / 18 / 2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement check from Marilyn Selber	<div> <div>50.00</div> </div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div> <div>011</div> <div>Category/Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19890 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>11</div> <div>18</div> <div>2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement check from Theodore Fettman	<div>36.00</div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
B. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19891 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>12</div> <div>02</div> <div>2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement credit card from Mort Fridman	<div>500.00</div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	
C. Full Name (Last, First, Middle Initial) STEVE ISRAEL FOR CONGRESS COMMITTEE	Transaction ID: SB23.19892 Date of Disbursement
Mailing Address 15 ORMOND STREET	<div> <div>12</div> <div>06</div> <div>2007</div> </div>
City DIX HILLS State NY Zip Code 11746	Amount of Each Disbursement this Period
Purpose of Disbursement check from Abraham Eisenstat	<div>500.00</div>
Candidate Name STEVE ISRAEL FOR CONGRESS COMMITTEE	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial) SWETT FOR SENATE <hr/> Mailing Address PO BOX 1937 <hr/> City BOW State NH Zip Code 03304 <hr/> Purpose of Disbursement check from Jack Halpern Candidate Name SWETT FOR SENATE <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19419 Date of Disbursement <div> <div>07</div> <div>06</div> <div>2007</div> </div>
<div> <div>011</div> <div>Category/ Type</div> </div>	Amount of Each Disbursement this Period <div>2000.00</div> [MEMO ITEM]
B. Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC <hr/> Mailing Address 6850 AUSTIN CENTRE BLVD SUITE 180 <hr/> City AUSTIN State TX Zip Code 78731 <hr/> Purpose of Disbursement credit card from Ben Chouake Candidate Name TEXANS FOR SENATOR JOHN CORNYN INC <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19619 Date of Disbursement <div> <div>07</div> <div>30</div> <div>2007</div> </div>
<div> <div>011</div> <div>Category/ Type</div> </div>	Amount of Each Disbursement this Period <div>2000.00</div> [MEMO ITEM]
C. Full Name (Last, First, Middle Initial) TEXANS FOR SENATOR JOHN CORNYN INC <hr/> Mailing Address 6850 AUSTIN CENTRE BLVD SUITE 180 <hr/> City AUSTIN State TX Zip Code 78731 <hr/> Purpose of Disbursement credit card from Jerry Gontownik Candidate Name TEXANS FOR SENATOR JOHN CORNYN INC <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.19621 Date of Disbursement <div> <div>07</div> <div>31</div> <div>2007</div> </div>
<div> <div>011</div> <div>Category/ Type</div> </div>	Amount of Each Disbursement this Period <div>1000.00</div> [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)

TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address 6850 AUSTIN CENTRE BLVD
SUITE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement

011

Category/
Type

Candidate Name

TEXANS FOR SENATOR JOHN CORNYN INC

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 00

Transaction ID: SB23.20066

Date of Disbursement

08 / 01 / 2007

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address 6850 AUSTIN CENTRE BLVD
SUITE 180

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement

011

Category/
Type

Candidate Name

TEXANS FOR SENATOR JOHN CORNYN INC

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 00

Transaction ID: SB23.20068

Date of Disbursement

08 / 02 / 2007

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

62090.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NORPAC

A.

Full Name (Last, First, Middle Initial)
Jeffrey Weinstein

Mailing Address 11 Anthony Ave.

City Edison State NJ Zip Code 08820

Purpose of Disbursement
refund cause - family emergency
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB28A.20009
Date of Disbursement

/ /

Amount of Each Disbursement this Period

1930.00

B.

Full Name (Last, First, Middle Initial)
Rachel Weinstein

Mailing Address 8 Elm St
#3L

City Westfield State NJ Zip Code 07090

Purpose of Disbursement
refund cause - family emergency
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB28A.20020
Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
Sarah Weinstein

Mailing Address 1816 New Hampshire Ave, NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
refund cause - family emergency
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
 Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: SB28A.20062
Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

11930.00

TOTAL This Period (last page this line number only)

11930.00

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: **SA11AI**

Transaction ID: **SA11AI.20382**

Please see memo text on \$44.10 NORPAC donation to McConnell campaign 2008 for background. Using the funds received method, 87.4% (100 - 12.6%) of a \$350 ad is considered a \$305.90 in-kind donation from Trudy Stern to NORPAC.

Image# 28932484494

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20360**

Paid with Valley National Bank credit card on 7/16/07, Disp ID #20013

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20334**

Reimbursed to Rachel Wolkowitz on 8/2/07 - Disbursement ID #20043

Image# 28932484495

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22224**

Reimbursed to Rachel Wolkowitz on 8/2/07 - Disbursement ID #20043

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22225**

Reimbursed to Rachel Wolkowitz on 8/2/07 - Disbursement ID #20043

Image# 28932484496

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22231**

Reimbursed to Rachel Wolkowitz on 9/7/07 - Disbursement ID #20085

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22227**

Reimbursed to Rachel Wolkowitz on 9/7/07 - Disbursement ID #20085

Image# 28932484497

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22228**

Reimbursed to Rachel Wolkowitz on 9/7/07 - Disbursement ID #20085

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22229**

Reimbursed to Rachel Wolkowitz on 9/7/07 - Disbursement ID #20085

Image# 28932484498

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22230**

Reimbursed to Rachel Wolkowitz on 9/7/07 - Disbursement ID #20085

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20337**

Reimbursed to Rachel Wolkowitz on 10/2/07 - Disbursement ID #20178

Image# 28932484499

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20338**

Reimbursed to Rachel Wolkowitz on 10/2/07 - Disbursement ID #20178

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20339**

Reimbursed to Rachel Wolkowitz on 10/30/07 - Disbursement ID #20191

Image# 28932484500

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20364**

Paid with Valley National Bank credit card on 8/16/07, Disp ID #20051

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20367**

Paid with Valley National Bank credit card on 9/19/07, Disp ID #20094

Image# 28932484501

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22279**

Paid with Valley National Bank credit card on 9/19/07, Disp ID #20094

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20369**

Paid with Valley National Bank credit card on 10/18/07, Disp ID #20188

Image# 28932484502

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20375**

Paid with Valley National Bank credit card on 11/19/07, Disp ID #20207

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22280**

Paid with Valley National Bank credit card on 11/19/07, Disp ID #20207

Image# 28932484503

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22288**

Paid with Valley National Bank credit card on 9/19/07, Disp ID #20094

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22286**

Paid with Valley National Bank credit card on 12/19/07, Disp ID #20262

Image# 28932484504

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22295**

Paid with Valley National Bank credit card on 7/16/07, Disp ID #20013

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22296**

Paid with Valley National Bank credit card on 7/16/07, Disp ID #20013

Image# 28932484505

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22297**

Paid with Valley National Bank credit card on 7/16/07, Disp ID #20013

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22291**

Paid with Valley National Bank credit card on 8/16/07, Disp ID #20051

Image# 28932484506

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22292**

Paid with Valley National Bank credit card on 8/16/07, Disp ID #20051

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22293**

Paid with Valley National Bank credit card on 8/16/07, Disp ID #20051

Image# 28932484507

Form/Schedule: **SB21B**

Paid with Valley National Bank credit card on 8/16/07, Disp ID #20051

Transaction ID: **SB21B.22294**

Form/Schedule: **SB21B**

Paid with Valley National Bank credit card on 9/19/07, Disp ID #20094

Transaction ID: **SB21B.22290**

Image# 28932484508

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20379**

Paid with Valley National Bank credit card on 10/18/07, Disp ID #20188

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20365**

Paid with Valley National Bank credit card on 11/19/07, Disp ID #20207

Image# 28932484509

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20368**

Paid with Valley National Bank credit card on 11/19/07, Disp ID #20207

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20374**

Paid with Valley National Bank credit card on 12/19/07, Disp ID #20262

Image# 28932484510

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22257**

Reimbursed to Joel Davidson on 8/2/07 - Disbursement ID #20042

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22258**

Reimbursed to Joel Davidson on 8/2/07 - Disbursement ID #20042

Image# 28932484511

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22259**

Reimbursed to Joel Davidson on 8/2/07 - Disbursement ID #20042

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22260**

Reimbursed to Joel Davidson on 8/2/07 - Disbursement ID #20042

Image# 28932484512

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22261**

Reimbursed to Joel Davidson on 9/6/07 - Disbursement ID #20079

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22267**

Reimbursed to Joel Davidson on 9/6/07 - Disbursement ID #20079

Image# 28932484513

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22262**

Reimbursed to Joel Davidson on 10/2/07 - Disbursement ID #20179

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22263**

Reimbursed to Joel Davidson on 10/2/07 - Disbursement ID #20179

Image# 28932484514

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22268**

Reimbursed to Joel Davidson on 10/2/07 - Disbursement ID #20179

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20342**

Reimbursed to Joel Davidson on 11/1/07 - Disbursement ID #20198

Image# 28932484515

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20350**

Reimbursed to Joel Davidson on 11/1/07 - Disbursement ID #20198

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20340**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Image# 28932484516

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20348**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22269**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Image# 28932484517

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22282**

Paid with Valley National Bank credit card on 9/19/07, Disp ID #20094

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22283**

Paid with Valley National Bank credit card on 9/19/07, Disp ID #20094

Image# 28932484518

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22284**

Paid with Valley National Bank credit card on 9/19/07, Disp ID #20094

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22285**

Paid with Valley National Bank credit card on 9/19/07, Disp ID #20094

Image# 28932484519

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20377**

Paid with Valley National Bank credit card on 12/19/07, Disp ID #20262

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20341**

Reimbursed to Joel Davidson on 8/2/07 - Disbursement ID #20042

Image# 28932484520

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22232**

Reimbursed to Joel Davidson on 8/2/07 - Disbursement ID #20042

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22233**

Reimbursed to Joel Davidson on 8/2/07 - Disbursement ID #20042

Image# 28932484521

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22234**

Reimbursed to Joel Davidson on 9/6/07 - Disbursement ID #20079

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22235**

Reimbursed to Joel Davidson on 9/6/07 - Disbursement ID #20079

Image# 28932484522

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22236**

Reimbursed to Joel Davidson on 9/6/07 - Disbursement ID #20079

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22237**

Reimbursed to Joel Davidson on 9/6/07 - Disbursement ID #20079

Image# 28932484523

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22238**

Reimbursed to Joel Davidson on 9/6/07 - Disbursement ID #20079

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22239**

Reimbursed to Joel Davidson on 10/2/07 - Disbursement ID #20179

Image# 28932484524

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22240**

Reimbursed to Joel Davidson on 10/2/07 - Disbursement ID #20179

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22241**

Reimbursed to Joel Davidson on 10/2/07 - Disbursement ID #20179

Image# 28932484525

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20347**

Reimbursed to Joel Davidson on 11/1/07 - Disbursement ID #20198

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22242**

Reimbursed to Joel Davidson on 11/1/07 - Disbursement ID #20198

Image# 28932484526

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22243**

Reimbursed to Joel Davidson on 11/1/07 - Disbursement ID #20198

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22244**

Reimbursed to Joel Davidson on 11/1/07 - Disbursement ID #20198

Image# 28932484527

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22245**

Reimbursed to Joel Davidson on 11/1/07 - Disbursement ID #20198

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22246**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Image# 28932484528

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22247**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22248**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Image# 28932484529

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22249**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22250**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Image# 28932484530

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22251**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22252**

Reimbursed to Joel Davidson on 12/3/07 - Disbursement ID #20254

Image# 28932484531

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20362**

Paid with Valley National Bank credit card on 7/16/07, Disp ID #20013

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20366**

Paid with Valley National Bank credit card on 7/16/07, Disp ID #20013

Image# 28932484532

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20371**

Paid with Valley National Bank credit card on 7/16/07, Disp ID #20013

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20373**

Paid with Valley National Bank credit card on 7/16/07, Disp ID #20013

Image# 28932484533

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20380**

Paid with Valley National Bank credit card on 8/16/07, Disp ID #20051

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22272**

Paid with Valley National Bank credit card on 8/16/07, Disp ID #20051

Image# 28932484534

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22274**

Paid with Valley National Bank credit card on 8/16/07, Disp ID #20051

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22275**

Paid with Valley National Bank credit card on 10/18/07, Disp ID #20188

Image# 28932484535

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22276**

Paid with Valley National Bank credit card on 10/18/07, Disp ID #20188

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22277**

Paid with Valley National Bank credit card on 11/19/07, Disp ID #20207

Image# 28932484536

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22278**

Paid with Valley National Bank credit card on 11/19/07, Disp ID #20207

Form/Schedule: **SB21B**

Transaction ID: **SB21B.20376**

Paid with Valley National Bank credit card on 12/19/07, Disp ID #20262

Image# 28932484537

Form/Schedule: **SB23**

Transaction ID: **SB23.20381**

NORPAC member paid \$350 for an ad in the 5 Towns Jewish Times at PO Box 690, Lawrence, NY 11559, asking read to 'learn more about NORPAC and meet the important Republican Senator' (Mitch McConnell). NORPAC did not physically send this ad money to McConnell's campaign but as a sponsor of the event which received donations we are using the funds received method to calculate NORPAC's donation to McConnell campaign. Since NORPAC previously contributed \$10,000 to McConnell's 2008 campaign, NORPAC has since sent the McConnell campaign a letter requesting a refund of the excessive contribution (\$44.10). Funds raised for McConnell campaign at 9/9/07 event divided by total funds raised that day: $(\$3,000) / (\$23,750) \times 100 = 12.6\%$ raised for McConnell. $\$350 \times 0.126 =$ donation from NORPAC to McConnell = \$44.10. Rest of the \$350 is considered an in-kind donation from NORPAC member to NORPAC.

Form/Schedule: **SB23**

Transaction ID: **SB23.20385**

NORPAC member paid for a breakfast at Le Chocolat at 540 Cedar Lane in Teaneck, NJ 07666, in honor of Ileana Ros-Lehtinen's campaign. NORPAC's funds were not used to pay the vendor. This was a NORPAC-sponsored event so the NORPAC member's donation is being considered a donation from NORPAC to the Ros-Lehtinen campaign.
