



A. 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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NORPAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		397275.38
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	399711.51									
(c) Total Receipts (from Line 19) .....	86458.04	121159.63								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	486169.55	518435.01								
7. Total Disbursements (from Line 31) .....	35325.19	67590.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	450844.36	450844.36								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
NORPAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	52505.00	75105.00
(ii) Unitemized .....	33950.00	40686.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	86455.00	115791.00
(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) .....	86455.00	115791.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	3.04	368.63
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)) .....	86458.04	121159.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	86458.04	121159.63

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.....	18355.19	50620.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	18355.19	50620.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	15530.00	15530.00
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 .....	240.00	240.00
(b) Political Party Committees	1200.00	1200.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1440.00	1440.00
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))..	35325.19	67590.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35325.19	67590.65

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) .....	86455.00	115791.00
34. Total Contribution Refunds (from Line 28(d)) .....	1440.00	1440.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	85015.00	114351.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18355.19	50620.65
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	18355.19	50620.65

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

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

FOR LINE NUMBER: PAGE 7 / 64  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
NORPAC

**A.** Full Name (Last, First, Middle Initial)  
Rachel Adler  
 Mailing Address 2 Brookwood Lane  
 City State Zip Code  
 New City NY 10956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CBRE Inc Real estate SVP  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 375.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 0 / 2 0 1 1  
**Transaction ID:** SA11AI.28938  
 Amount of Each Receipt this Period  
 375.00  
 mission registration fee

**B.** Full Name (Last, First, Middle Initial)  
Michael Altman  
 Mailing Address 787 W. Broadway  
 City State Zip Code  
 woodmere NY 11598  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 troilman, glaser, & lichtman p. attorney  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 400.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 7 / 2 0 1 1  
**Transaction ID:** SA11AI.28829  
 Amount of Each Receipt this Period  
 400.00  
 mission registration fee

**C.** Full Name (Last, First, Middle Initial)  
Susan Antsis  
 Mailing Address 32 Brookfall Road  
 City State Zip Code  
 Edison NJ 08817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 n/a Homemaker  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 325.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 6 / 2 0 1 1  
**Transaction ID:** SA11AI.28802  
 Amount of Each Receipt this Period  
 325.00  
 mission registration fee

**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 8 / 64  
(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)  
Drora Arussy

Mailing Address 23 Chittenden Road

City State Zip Code  
Fair Lawn NJ 07410

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

Name of Employer Occupation  
Drew University Education

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
02 / 01 / 2011

**Transaction ID:** SA11AI.28732

Amount of Each Receipt this Period  
375.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
elliot auerbacher

Mailing Address 79 Dana Pl

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
Lincoln National Group Loan Modifier

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2011

**Transaction ID:** SA11AI.29200

Amount of Each Receipt this Period  
125.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Howard Baruch

Mailing Address 130 Dwight Pl.

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2011

**Transaction ID:** SA11AI.29178

Amount of Each Receipt this Period  
1000.00

earmark-tester

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1500.00**

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



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

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

FOR LINE NUMBER: PAGE 9 / 64  
(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 State Zip Code  
Teaneck NJ 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 ▼ 555.00  
Date of Receipt 02 / 02 / 2011  
Transaction ID: SA11AI.29228  
Amount of Each Receipt this Period 180.00  
earmark-cardin

**B.** Full Name (Last, First, Middle Initial)  
Laurie Baumel  
Mailing Address 797 Winthrop Rd.  
City State Zip Code  
Teaneck NJ 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 ▼ 805.00  
Date of Receipt 02 / 14 / 2011  
Transaction ID: SA11AI.29173  
Amount of Each Receipt this Period 250.00  
earmark-tester

**C.** Full Name (Last, First, Middle Initial)  
Jerry Belsh  
Mailing Address 18 Edgemount Rd.  
City State Zip Code  
Edison NJ 08817  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UMDNJ Occupation Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 04 / 2011  
Transaction ID: SA11AI.28758  
Amount of Each Receipt this Period 250.00  
mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 680.00  
**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 10 / 64

(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)

Alan Berger

Mailing Address 24 Sutton 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 ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.28776

Amount of Each Receipt this Period

375.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)

Marc Berger

Mailing Address 210 W. 89th St.

City State Zip Code  
New York NY 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 ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.29104

Amount of Each Receipt this Period

500.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)

gila Berkowitz

Mailing Address 948 prince st

City State Zip Code  
teaneck NJ 07666

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

Name of Employer self Occupation  
writer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.29033

Amount of Each Receipt this Period

250.00

mission registration fee

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

1125.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 64  
(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) Saul Bienenfeld		Date of Receipt MM / DD / YYYY 02 / 06 / 2011
Mailing Address 5 Weyant Drive		Transaction ID: SA11AI.28775
City Cedarhurst	State NJ	Zip Code 11516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Self	Occupation Attorney	mission registration fee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**B.**

Full Name (Last, First, Middle Initial) Yehuda Blinder		Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Mailing Address 95 Dwight Pl		Transaction ID: SA11AI.28920
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer ADAR Investment Mgmt	Occupation Finance	mission registration fee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

**C.**

Full Name (Last, First, Middle Initial) Robert Boiarsky		Date of Receipt MM / DD / YYYY 02 / 23 / 2011
Mailing Address 156 E. Hamilton Avenue		Transaction ID: SA11AI.29222
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Morgan Stanley/Columbia Presp Hospt	Occupation Securities Broker//Doctor	mission registration fee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 64
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeffrey Borell	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 117 Washington Avenue	<b>Transaction ID:</b> SA11AI.28811
	City State Zip Code Highland Park NJ 08904	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission registration fee
	Name of Employer Meridian Health Occupation Health Care Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Bortniker	Date of Receipt MM / DD / YYYY 02 / 04 / 2011
	Mailing Address 4 Kinzel Lane	<b>Transaction ID:</b> SA11AI.28754
	City State Zip Code West Orange NJ 07052	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission registration fee
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Brecher	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 367 Yale Ave	<b>Transaction ID:</b> SA11AI.29210
	City State Zip Code Woodmere NY 11598	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	mission registration fee
	Name of Employer Self Occupation Real Estate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1375.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 64  
(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) Joshua Caplan		Date of Receipt MM / DD / YYYY 02 / 07 / 2011
Mailing Address 336 North 8th Ave.		<b>Transaction ID:</b> SA11AI.28821
City Edison	State NJ	Zip Code 08816
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Time Warner Cable	Occupation Ad Sales Exec	mission registration fee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

**B.**

Full Name (Last, First, Middle Initial) Ben Chouake		Date of Receipt MM / DD / YYYY 02 / 15 / 2011
Mailing Address 245 Hutchinson Rd.		<b>Transaction ID:</b> SA11AI.28901
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation MD	mission registration fee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Rodger Cohen		Date of Receipt MM / DD / YYYY 02 / 21 / 2011
Mailing Address 240 Lydecker Street		<b>Transaction ID:</b> SA11AI.29064
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 400.00
Name of Employer Self	Occupation n/a	mission registration fee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 64  
(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)  
Adele Diener

Mailing Address 293 East Palisade Avenue

City Englewood State NJ Zip Code 07631

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

Name of Employer Lawrence B Diener, Esq Occupation Administrative Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 08 / 2011

Transaction ID: SA11AI.29145

Amount of Each Receipt this Period 1000.00

membership

**B.**

Full Name (Last, First, Middle Initial)  
hy drusin

Mailing Address 220 W. 93rd St Apt 9B

City New York State NY Zip Code 10025

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

Name of Employer retired Occupation retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 23 / 2011

Transaction ID: SA11AI.29217

Amount of Each Receipt this Period 125.00

mission registration fee

**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 ▼ 700.00

Date of Receipt 02 / 01 / 2011

Transaction ID: SA11AI.28731

Amount of Each Receipt this Period 75.00

mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 / 64  
(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 ▼ 1200.00

Date of Receipt 02 / 15 / 2011

Transaction ID: SA11AI.29187

Amount of Each Receipt this Period 500.00

earmark-tester

**B.** Full Name (Last, First, Middle Initial)  
Larry Farkas

Mailing Address 289 New Bridge Road

City Bergenfield State NJ Zip Code 07621

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

Name of Employer n/a Occupation n/a

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt 02 / 06 / 2011

Transaction ID: SA11AI.28792

Amount of Each Receipt this Period 325.00

mission registration fee

**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 ▼ 375.00

Date of Receipt 02 / 08 / 2011

Transaction ID: SA11AI.28886

Amount of Each Receipt this Period 375.00

mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 / 64  
(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)  
Kalman Feinberg

Mailing Address 937 Country Club Drive

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer: Facilities Mgmt Engineering  
Occupation: Engineer

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: MM / DD / YYYY  
02 / 20 / 2011

**Transaction ID:** SA11AI.28909

Amount of Each Receipt this Period  
125.00

mission registration fee

**B.** Full Name (Last, First, Middle Initial)  
Eve Feldman

Mailing Address 250 Hutchinson Rd

City State Zip Code  
Englewood NJ 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 ▼  
375.00

Date of Receipt: MM / DD / YYYY  
02 / 09 / 2011

**Transaction ID:** SA11AI.28881

Amount of Each Receipt this Period  
375.00

mission registration fee

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

Mailing Address 182 Hillside Ave.

City State Zip Code  
Englewood NJ 07631

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

Name of Employer: Emerging Growth Associates  
Occupation: Technology Consultant

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
975.00

Date of Receipt: MM / DD / YYYY  
02 / 05 / 2011

**Transaction ID:** SA11AI.28738

Amount of Each Receipt this Period  
975.00

mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1475.00**

**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 / 64  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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)  
Mark Finkel

Mailing Address 182 Hillside Ave.

City Englewood State NJ Zip Code 07631

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

Name of Employer Emerging Growth Associates Occupation Technology Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 02 / 06 / 2011  
**Transaction ID:** SA11AI.28794  
 Amount of Each Receipt this Period 125.00  
 mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Mollie Fisch

Mailing Address 300 Merrison Street

City Teaneck State NJ Zip Code 07666

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

Name of Employer Schering Plough Pharmaceuticals Occupation Pharmacist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 09 / 2011  
**Transaction ID:** SA11AI.29147  
 Amount of Each Receipt this Period 400.00  
 mission registration fee

**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 ▼ 1700.00

Date of Receipt 02 / 14 / 2011  
**Transaction ID:** SA11AI.29176  
 Amount of Each Receipt this Period 500.00  
 earmark-tester

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1025.00

**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 18 / 64  
(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

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)  
Howard Friedman

Mailing Address 539 Maitland 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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2011

Transaction ID: SA11AI.29169

Amount of Each Receipt this Period  
1000.00

earmark-tester

**B.**

Full Name (Last, First, Middle Initial)  
Howard Friedman

Mailing Address 539 Maitland 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 ▼ 1075.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2011

Transaction ID: SA11AI.29029

Amount of Each Receipt this Period  
75.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Renee Fromowitz

Mailing Address 1346 Sussex Rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer self Occupation Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
02 / 21 / 2011

Transaction ID: SA11AI.29061

Amount of Each Receipt this Period  
375.00

mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1450.00**

**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 / 64  
(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

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)  
Noah Gilson

Mailing Address 1 Old Farm Road

City State Zip Code  
Oakhurst NJ 07755

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

Name of Employer Occupation  
Neurology Specialists Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 07 / 2011

**Transaction ID:** SA11AI.28851

Amount of Each Receipt this Period  
225.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Margie Glatt

Mailing Address 1035 Hazel Place

City State Zip Code  
Woodmere NY 11598

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

Name of Employer Occupation  
Sutton Land Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2011

**Transaction ID:** SA11AI.28884

Amount of Each Receipt this Period  
75.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Mark Goldberg

Mailing Address 27 Swayze Street

City State Zip Code  
West Orange NJ 07052

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

Name of Employer Occupation  
Self Businessman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2011

**Transaction ID:** SA11AI.28870

Amount of Each Receipt this Period  
225.00

mission registration fee

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

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

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

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

FOR LINE NUMBER: PAGE 20 / 64  
(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)  
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 ▼ 275.00

Date of Receipt 02 / 14 / 2011  
**Transaction ID:** SA11AI.29186  
 Amount of Each Receipt this Period 275.00  
 mission registration fee

**B.** Full Name (Last, First, Middle Initial)  
Irwin Goldblatt

Mailing Address 8 Cellar Road

City Edison State NJ Zip Code 08817

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 ▼ 325.00

Date of Receipt 02 / 08 / 2011  
**Transaction ID:** SA11AI.29141  
 Amount of Each Receipt this Period 325.00  
 mission registration fee

**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 ▼ 250.00

Date of Receipt 02 / 14 / 2011  
**Transaction ID:** SA11AI.29177  
 Amount of Each Receipt this Period 250.00  
 earmark-tester

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

**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 / 64  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Robert M. Gottesman</p> <p>Mailing Address 285 Sunset Avenue</p> <p>City State Zip Code <b>Englewood NJ 07631</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Self CPA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">02 / 07 / 2011</span></p> <p><b>Transaction ID: SA11AI.28819</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>mission registration fee</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert M. Gottesman</p> <p>Mailing Address 285 Sunset Avenue</p> <p>City State Zip Code <b>Englewood NJ 07631</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Self Occupation Self CPA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">02 / 14 / 2011</span></p> <p><b>Transaction ID: SA11AI.29227</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>earmark-latourette</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Charles Gross</p> <p>Mailing Address 220 West 98th St #9D</p> <p>City State Zip Code <b>New York NY 10025</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Phipps House Occupation Director, Commercial Leasing &amp; Mgmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">275.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">02 / 07 / 2011</span></p> <p><b>Transaction ID: SA11AI.29130</b></p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">275.00</span></p> <p>mission registration fee</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1525.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 22 / 64  
(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)  
Israel HaCohen  
 Mailing Address 144-32 Gravett Road  
 City State Zip Code  
 Flushing NY 11367  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 1 / 2 0 1 1  
**Transaction ID:** SA11AI.29050  
 Amount of Each Receipt this Period  
 225.00  
 mission registration fee  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 na Teacher  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

**B.** Full Name (Last, First, Middle Initial)  
esther hershenbaum  
 Mailing Address 245 hutchinson rd  
 City State Zip Code  
 englewood NJ 07631  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 4 / 2 0 1 1  
**Transaction ID:** SA11AI.29175  
 Amount of Each Receipt this Period  
 2000.00  
 earmark-tester  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 self md  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4000.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Hochman  
 Mailing Address 458 Rutland Ave.  
 City State Zip Code  
 Teaneck NJ 07666  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 2 1 / 2 0 1 1  
**Transaction ID:** SA11AI.29067  
 Amount of Each Receipt this Period  
 250.00  
 mission registration fee  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Willkie, Farr and Gallagher Attorney  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2475.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 64

(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

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)  
Jay Hochsztejn  
Mailing Address 32 Hampton Ct.

City State Zip Code  
Bergenfield NJ 07621

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

Name of Employer Occupation  
NY Medical Alliance MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt

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

Transaction ID: SA11AI.29088

Amount of Each Receipt this Period

350.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
robert hoenig  
Mailing Address 1090 emerson ave

City State Zip Code  
teaneck NJ 07666

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

Name of Employer Occupation  
univ of med and den of nj exec

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt

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

Transaction ID: SA11AI.29090

Amount of Each Receipt this Period

250.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth Hoffman  
Mailing Address 637 N. Forest Dr.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Lehman Brothers Stock Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.29229

Amount of Each Receipt this Period

500.00

earmark-cardin

**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 24 / 64  
(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

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)  
Ed Joseph

Mailing Address 134 Riviera Drive

City State Zip Code  
Long Branch NJ 07740

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

Name of Employer Occupation  
N/A Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 09 / 2011

**Transaction ID:** SA11AI.29149

Amount of Each Receipt this Period  
250.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Jane Kapito

Mailing Address 2 Forest Dr

City State Zip Code  
West Orange NJ 07052

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

Name of Employer Occupation  
homemaker self

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2011

**Transaction ID:** SA11AI.28740

Amount of Each Receipt this Period  
250.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Michael Kaplan

Mailing Address 6 Opatut Ct.

City State Zip Code  
Edison NJ 08817

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

Name of Employer Occupation  
S&P Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** SA11AI.28922

Amount of Each Receipt this Period  
250.00

mission registration fee

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 64  
(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

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)  
Monique 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 Columbia Presbyterian Occupation MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 15 / 2011  
**Transaction ID:** SA11AI.29190  
 Amount of Each Receipt this Period 2500.00  
 annual membership fee

**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 ▼ 3500.00

Date of Receipt 02 / 15 / 2011  
**Transaction ID:** SA11AI.29189  
 Amount of Each Receipt this Period 2500.00  
 annual membership fee

**C.**

Full Name (Last, First, Middle Initial)  
Irwin Keller

Mailing Address 27 Darby Rd.

City East Brunswick State NJ Zip Code 08816

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

Name of Employer University Radiology Group Occupation Radiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 15 / 2011  
**Transaction ID:** SA11AI.28902  
 Amount of Each Receipt this Period 350.00  
 mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► 5350.00

**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 / 64  
(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 Kellner  
Mailing Address 16 Cedarhurst Ave  
City Cedarhurst State NY Zip Code 11516  
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 02 / 15 / 2011  
Transaction ID: SA11AI.29191  
Amount of Each Receipt this Period 500.00  
mission registration fee

**B.** Full Name (Last, First, Middle Initial)  
Steven Kellner  
Mailing Address 16 Cedarhurst Ave  
City Cedarhurst State NY Zip Code 11516  
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 ▼ 700.00  
Date of Receipt 02 / 15 / 2011  
Transaction ID: SA11AI.29192  
Amount of Each Receipt this Period 200.00  
membership fee

**C.** Full Name (Last, First, Middle Initial)  
terry korn  
Mailing Address 546 N. Forest Dr  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Berdon LLP Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 02 / 06 / 2011  
Transaction ID: SA11AI.28764  
Amount of Each Receipt this Period 225.00  
mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► 925.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 64  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
NORPAC

**A.**

Full Name (Last, First, Middle Initial)  
Leib Koyfman

Mailing Address 1359 Pennington Rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Robert Denekton Assoc. Electrical Engineer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2011

Transaction ID: SA11AI.29097

Amount of Each Receipt this Period  
350.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
ezra labaton

Mailing Address 2 harvard ct

City State Zip Code  
oakhurst NJ 07755

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

Name of Employer Occupation  
na na

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2011

Transaction ID: SA11AI.29166

Amount of Each Receipt this Period  
900.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Shalom Lamm

Mailing Address 330 Elm St

City State Zip Code  
West Hempstead NY 11552

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

Name of Employer Occupation  
Self (Cannon Development) Real Estate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

Transaction ID: SA11AI.28926

Amount of Each Receipt this Period  
275.00

mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1525.00**

**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 / 64  
(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 lando  
 Mailing Address 89 terrace ave  
 City State Zip Code  
west orange NJ 07052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
arden asset mngmt attorney  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 1 7 / 2 0 1 1  
**Transaction ID:** SA11AI.28935  
 Amount of Each Receipt this Period  
 225.00  
 mission registration fee

**B.** Full Name (Last, First, Middle Initial)  
Eric Lankin  
 Mailing Address 139 North Sixth Avenue  
 City State Zip Code  
Highland Park NJ 08904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Jewish National Fund Chief of Education  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 7 / 2 0 1 1  
**Transaction ID:** SA11AI.28847  
 Amount of Each Receipt this Period  
 300.00  
 mission registration fee

**C.** Full Name (Last, First, Middle Initial)  
Seth Lehman  
 Mailing Address 25 Holland Lane  
 City State Zip Code  
monsey NY 10952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Fitch Ratings finance  
 Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 2 / 0 7 / 2 0 1 1  
**Transaction ID:** SA11AI.28831  
 Amount of Each Receipt this Period  
 275.00  
 mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**  
**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 / 64

(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)  
Dena Levie

Mailing Address 672 Rutland Ave

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
n/a homemaker

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI.28757

Amount of Each Receipt this Period

400.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Saul Levine

Mailing Address 604 Rutland Ave.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Horizon Project Advisors Construction Consultant

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.29179

Amount of Each Receipt this Period

275.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Lewis

Mailing Address 92 Chestnut Place

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
Gem Asset Management Investor

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2700.00

Date of Receipt

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

Transaction ID: SA11AI.29072

Amount of Each Receipt this Period

2700.00

mission registration fee/-  
sponsorship

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

3375.00

**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 / 64  
(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 Lewitter  
Mailing Address 150 Valentine St.  
City Highland Park State NJ Zip Code 08904  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Rutgers U Occupation Training Coordinator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00  
Date of Receipt 02 / 07 / 2011  
Transaction ID: SA11AI.28790  
Amount of Each Receipt this Period 400.00  
mission registration fee

**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 ▼ 2000.00  
Date of Receipt 02 / 15 / 2011  
Transaction ID: SA11AI.29194  
Amount of Each Receipt this Period 1000.00  
eamark-tester

**C.** Full Name (Last, First, Middle Initial)  
samuel lissner  
Mailing Address 113 hoover dr  
City creskill State NJ Zip Code 10019  
FEC ID number of contributing federal political committee. **C**  
Name of Employer power grid Occupation energy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 02 / 18 / 2011  
Transaction ID: SA11AI.28932  
Amount of Each Receipt this Period 225.00  
mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1625.00  
**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 / 64  
(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 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 ▼ 425.00

Date of Receipt 02 / 21 / 2011

Transaction ID: SA11AI.29092

Amount of Each Receipt this Period 425.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Janet Margulies

Mailing Address 1860 Whitman Road Suite 900

City Melville State NY Zip Code 11747

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

Name of Employer Self Occupation Realty

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 13 / 2011

Transaction ID: SA11AI.28868

Amount of Each Receipt this Period 225.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Susan Mendelsohn

Mailing Address 19 Tuxedo Dr

City Livingston State NJ Zip Code 07039

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

Name of Employer Self Occupation Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2011

Transaction ID: SA11AI.29071

Amount of Each Receipt this Period 250.00

mission registration fee

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 64  
(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)  
Samuel Moed

Mailing Address 54 Dana Place

City Englewood State NJ Zip Code 07631

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

Name of Employer Bristol Myers Squibb Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 02 / 21 / 2011  
**Transaction ID:** SA11AI.29079  
 Amount of Each Receipt this Period: 325.00  
 mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Mondrow

Mailing Address 280 Main St.

City Metuchen State NJ Zip Code 08840

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 ▼ 350.00

Date of Receipt: 02 / 28 / 2011  
**Transaction ID:** SA11AI.29095  
 Amount of Each Receipt this Period: 350.00  
 mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Alexander Moskovits

Mailing Address 96 Sherman Avenue

City Teaneck State NJ Zip Code 07666

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

Name of Employer Joint Industry Board Occupation Electrician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 21 / 2011  
**Transaction ID:** SA11AI.29089  
 Amount of Each Receipt this Period: 250.00  
 mission registration fee

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 64  
(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)  
David Moss

Mailing Address 321 Grant Avenue

City Highland Park State NJ Zip Code 08904

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

Name of Employer Touro College Occupation University Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 18 / 2011

Transaction ID: SA11AI.28921

Amount of Each Receipt this Period 300.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Carole Oshinsky

Mailing Address 44 Beech Wood Ter

City Yonkers State NY Zip Code 10705

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

Name of Employer Nat'l Cntr 4 ChildrenInPo-verty Occupation Editor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 02 / 01 / 2011

Transaction ID: SA11AI.28733

Amount of Each Receipt this Period 350.00

mission registration fee

**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 ▼ 275.00

Date of Receipt 02 / 21 / 2011

Transaction ID: SA11AI.29024

Amount of Each Receipt this Period 275.00

mission registration fee

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 64  
(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)  
Shelley Paradis  
 Mailing Address 35 Mountain Ridge  
 City Livingston State NJ Zip Code 07039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00  
 Date of Receipt 02 / 02 / 2011  
**Transaction ID:** SA11AI.28728  
 Amount of Each Receipt this Period 225.00  
 mission registration fee

**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 ▼ 500.00  
 Date of Receipt 02 / 02 / 2011  
**Transaction ID:** SA11AI.29164  
 Amount of Each Receipt this Period 500.00  
 earmark-cardin

**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 ▼ 1000.00  
 Date of Receipt 02 / 14 / 2011  
**Transaction ID:** SA11AI.29174  
 Amount of Each Receipt this Period 500.00  
 earmark-tester

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1225.00  
**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 35 / 64

(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)  
Steven Rand

Mailing Address 2 Trinity Court

City State Zip Code  
Bergenfield NJ 07621

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

Name of Employer Occupation  
Barclays Capital Compliance Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
350.00

Date of Receipt

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

Transaction ID: SA11AI.29129

Amount of Each Receipt this Period

350.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Greg Raykher

Mailing Address 777 Dearborn St.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Dresner Kleinwort &Wasserstein Banker

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
275.00

Date of Receipt

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

Transaction ID: SA11AI.29073

Amount of Each Receipt this Period

75.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
stevan reich

Mailing Address 4 musket ct

City State Zip Code  
e. brunswick NJ 08816

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

Name of Employer Occupation  
affiliated orthopedics md

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
325.00

Date of Receipt

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

Transaction ID: SA11AI.28950

Amount of Each Receipt this Period

325.00

mission registration fee

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 64  
(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)  
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 ▼ 1275.00  
Date of Receipt 02 / 21 / 2011  
Transaction ID: SA11AI.29080  
Amount of Each Receipt this Period 1275.00  
mission registration fee/- sponsorship

**B.** Full Name (Last, First, Middle Initial)  
Leah Rosenthal  
Mailing Address 30 maple ave  
City cedarhurst State NY Zip Code 11516  
FEC ID number of contributing federal political committee. **C**  
Name of Employer elmhurst hospital Occupation nurse  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 21 / 2011  
Transaction ID: SA11AI.29105  
Amount of Each Receipt this Period 250.00  
mission registration fee

**C.** Full Name (Last, First, Middle Initial)  
Phyllis Roth  
Mailing Address 33 Carteret St.  
City West Orange State NJ Zip Code 07052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Family Eye Care Occupation Executive  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 14 / 2011  
Transaction ID: SA11AI.29168  
Amount of Each Receipt this Period 250.00  
mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1775.00  
**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 / 64  
(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)  
rose scharlat  
Mailing Address 18 lakeview dr  
City west orange State NJ Zip Code 07052  
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 ▼ 325.00  
Date of Receipt 02 / 20 / 2011  
Transaction ID: SA11AI.28953  
Amount of Each Receipt this Period 325.00  
mission registration fee

**B.** Full Name (Last, First, Middle Initial)  
marsha schiffman  
Mailing Address 8 darby rd  
City east brunswick State NJ Zip Code 08816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer none Occupation educator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 21 / 2011  
Transaction ID: SA11AI.29083  
Amount of Each Receipt this Period 250.00  
mission registration fee

**C.** 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 ▼ 1125.00  
Date of Receipt 02 / 15 / 2011  
Transaction ID: SA11AI.29197  
Amount of Each Receipt this Period 125.00  
mission registration fee

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 64  
(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)  
Bruce Schneider

Mailing Address 7 Wright Rd

City State Zip Code  
Newton MA 02459

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

Name of Employer Occupation  
Harvard Vanguard Med. Assoc MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2011

**Transaction ID:** SA11AI.28871

Amount of Each Receipt this Period  
275.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Myron Schulman

Mailing Address 540 Warwick Ave.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Self Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2011

**Transaction ID:** SA11AI.29203

Amount of Each Receipt this Period  
125.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Julian Schwartz

Mailing Address 46 Edgemount Road

City State Zip Code  
Edison NJ 08817

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

Name of Employer Occupation  
na n/a

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2011

**Transaction ID:** SA11AI.28799

Amount of Each Receipt this Period  
400.00

mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**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 / 64  
(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)  
Abe Schwartzbard  
 Mailing Address 9 Fairhill Road  
 City Edison State NJ Zip Code 08817  
 Date of Receipt 02 / 07 / 2011  
**Transaction ID:** SA11AI.28818  
 Amount of Each Receipt this Period 300.00  
 mission registration fee  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hewlett Packard Financial Serv Occupation Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

**B.** Full Name (Last, First, Middle Initial)  
Abe Schwartzbard  
 Mailing Address 9 Fairhill Road  
 City Edison State NJ Zip Code 08817  
 Date of Receipt 02 / 21 / 2011  
**Transaction ID:** SA11AI.29009  
 Amount of Each Receipt this Period 75.00  
 mission registration fee  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hewlett Packard Financial Serv Occupation Sales Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

**C.** Full Name (Last, First, Middle Initial)  
Anne Senter  
 Mailing Address 733 Winthrop Rd  
 City Teaneck State NJ Zip Code 07666  
 Date of Receipt 02 / 21 / 2011  
**Transaction ID:** SA11AI.29049  
 Amount of Each Receipt this Period 525.00  
 mission registration fee  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 64  
(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)  
Shari Shapiro

Mailing Address 280 Naragannsett Ave

City State Zip Code  
lawrence NY 11559

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

Name of Employer Occupation  
LICCD Speech Pathologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2011

**Transaction ID:** SA11AI.28904

Amount of Each Receipt this Period  
275.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Yale Shulman

Mailing Address 94 E. Linden Ave.

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2011

**Transaction ID:** SA11AI.28860

Amount of Each Receipt this Period  
375.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
steven sibel

Mailing Address 12304 cleghorn rd

City State Zip Code  
cockseysville MD 21030

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

Name of Employer Occupation  
na na

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2011

**Transaction ID:** SA11AI.29170

Amount of Each Receipt this Period  
1000.00

earmark-tester

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1650.00**

**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 / 64  
(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)  
Dassi Silverman

Mailing Address 1126 Alessandrini Avenue

City State Zip Code  
New Milford NJ 07646

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

Name of Employer Occupation  
Torah Academy of Bergen County Teacher

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
MM / DD / YYYY  
02 / 23 / 2011

**Transaction ID:** SA11AI.29209

Amount of Each Receipt this Period  
275.00

mission registration fee

**B.** Full Name (Last, First, Middle Initial)  
Joy Sklar

Mailing Address 95 Norfolk St

City State Zip Code  
Bergenfield NJ 07621

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

Name of Employer Occupation  
n/a Homemaker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt  
MM / DD / YYYY  
02 / 14 / 2011

**Transaction ID:** SA11AI.29172

Amount of Each Receipt this Period  
1000.00

earmark-tester

**C.** Full Name (Last, First, Middle Initial)  
Kalman Stein

Mailing Address 1095 Trafalgar Rd.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
JFS Social Worker

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2011

**Transaction ID:** SA11AI.28804

Amount of Each Receipt this Period  
375.00

mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

**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 / 64

(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)  
Martin Stein

Mailing Address 507 Maitland Ave.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Parker Duryee Rosoff & Haft 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 2 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.29028

Amount of Each Receipt this Period

250.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
Trudy Stern

Mailing Address 480 ocean ave

City State Zip Code  
Lawrence NY 11559

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

Name of Employer Occupation  
Self Attorney

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.28791

Amount of Each Receipt this Period

375.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
roberta strauchler

Mailing Address 15 crestwood dr

City State Zip Code  
west orange NJ 07052

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

Name of Employer Occupation  
self md

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.29052

Amount of Each Receipt this Period

250.00

mission registration fee

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

875.00

**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 / 64  
(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) Leslie Tugetman		Date of Receipt MM / DD / YYYY 02 / 21 / 2011
Mailing Address 612 West 232 Street		Transaction ID: SA11AI.29014
City Riverdale	State NY	Zip Code 10463
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Interior Design	mission registration fee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) Kenneth Wagner		Date of Receipt MM / DD / YYYY 02 / 04 / 2011
Mailing Address 475 Engle St.		Transaction ID: SA11AI.29116
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Business consultant	mission registration fee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) David Weinstein		Date of Receipt MM / DD / YYYY 02 / 07 / 2011
Mailing Address 741 Washburn St		Transaction ID: SA11AI.28810
City Teaneck	State NJ	Zip Code 07666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer Lincoln Equities group	Occupation R.E. Exec.	mission registration fee
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 64

(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)  
Michael Weiss

Mailing Address 25 Cederhurst Ave.

City State Zip Code  
Lawrence NY 11575

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 ▼ 325.00

Date of Receipt

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

Transaction ID: SA11AI.28793

Amount of Each Receipt this Period

325.00

mission registration fee

B.

Full Name (Last, First, Middle Initial)  
Rena Wiesen

Mailing Address 668 North Forest Dr.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Stern Occupation Student

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1200.00

Date of Receipt

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

Transaction ID: SA11AI.28855

Amount of Each Receipt this Period

1200.00

mission registration fee

C.

Full Name (Last, First, Middle Initial)  
Daniel Wildman

Mailing Address 66 Hamlin Rd.

City State Zip Code  
Edison NJ 08817

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

Name of Employer na Occupation na

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.28939

Amount of Each Receipt this Period

250.00

mission registration fee

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

1775.00

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 / 64

(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)  
Robert Wind

Mailing Address 276 Warwick Ave.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Self Dentist

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11AI.29184

Amount of Each Receipt this Period

275.00

mission registration fee

**B.**

Full Name (Last, First, Middle Initial)  
tema winston

Mailing Address 42 Tall Oaks Dr

City State Zip Code  
East brunswick NJ 08816

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

Name of Employer Occupation  
retired retired

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.28866

Amount of Each Receipt this Period

250.00

mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
David Wisotsky

Mailing Address 161 Huguenot Ave.

City State Zip Code  
Englewood NJ 07631

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

Name of Employer Occupation  
Tenafly Pediatrics Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

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

Transaction ID: SA11AI.29123

Amount of Each Receipt this Period

375.00

mission registration fee

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

900.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 64  
(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)  
Barry Wolf

Mailing Address 128 N. 8th Ave

City Highland Park State NJ Zip Code 08904

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: 02 / 05 / 2011  
**Transaction ID:** SA11AI.28737  
 Amount of Each Receipt this Period: 225.00  
 mission registration fee

**B.**

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

Mailing Address 3840 Greystone Av

City Bronx State NY Zip Code 10463

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

Name of Employer Goldman Sachs Occupation software engineer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 06 / 2011  
**Transaction ID:** SA11AI.28801  
 Amount of Each Receipt this Period: 400.00  
 mission registration fee

**C.**

Full Name (Last, First, Middle Initial)  
Daniel Zeidman

Mailing Address 92 Margaret Ave

City Lawrence State NY Zip Code 11559-1826

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

Name of Employer n/a Occupation n/a

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 21 / 2011  
**Transaction ID:** SA11AI.29045  
 Amount of Each Receipt this Period: 400.00  
 mission registration fee

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1025.00

**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 / 64	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NORPAC

**A.**

Full Name (Last, First, Middle Initial) Bernard Zweig		Date of Receipt																					
Mailing Address 393 West End 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>2</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	0	7	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	2	/	0	7	/	2	0	1	1														
City	State	Zip Code	Transaction ID: SA11AI.28857																				
New York	NY	10024	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.	C		325.00																				
Name of Employer Self (Zweig Financial)	Occupation Finance		mission registration fee																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼																						
		325.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	325.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	52505.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 64

(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

A.

Full Name (Last, First, Middle Initial)  
Valley National Bank

Mailing Address 1445 Valley Rd

City	State	Zip Code
Wayne	NJ	07470

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
361.77

Date of Receipt

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

Transaction ID: SA17.28960

Amount of Each Receipt this Period

1.48

interest

SUBTOTAL of Receipts This Page (optional) ▶

1.48

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

1.48



**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 49 / 64

<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) 5 Towns Jewish Times	Transaction ID: SB21B.28969
	Mailing Address PO Box 690	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City Lawrence State NY Zip Code 11559	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement mission ad	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) 5 Towns Jewish Times	Transaction ID: SB21B.28981
	Mailing Address PO Box 690	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City Lawrence State NY Zip Code 11559	Amount of Each Disbursement this Period 350.00
	Purpose of Disbursement mission ad	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Lisa Berg	Transaction ID: SB21B.28986
	Mailing Address na	Date of Disbursement MM / DD / YYYY 02 / 15 / 2011
	City na State NJ Zip Code 07052	Amount of Each Disbursement this Period 266.09
	Purpose of Disbursement payroll	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>966.09</b>
<b>TOTAL</b> 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 50 / 64

<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><b>A.</b> Full Name (Last, First, Middle Initial) Mindy Berman</p> <p>Mailing Address 312 Cedar Ave</p> <p>City Highland Park State NJ Zip Code 08904</p> <p>Purpose of Disbursement payroll</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><b>Transaction ID:</b> SB21B.28988</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="886.90"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FEC</p> <p>Mailing Address na</p> <p>City na State NJ Zip Code 07777</p> <p>Purpose of Disbursement 12 day pre-general report late filing penalty</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><b>Transaction ID:</b> SB21B.28998</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="990.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jewish Connection</p> <p>Mailing Address 959 Forest Hill Rd</p> <p>City Staten Island State NY Zip Code 10314</p> <p>Purpose of Disbursement mission advertising</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><b>Transaction ID:</b> SB21B.28964</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="2876.90"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

# 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 51 / 64

<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) Jewish Media Group LLC	Transaction ID: SB21B.28980 Date of Disbursement																			
	Mailing Address 5455 Wilshire Blvd Suite # 1000	<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>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	1												
	City Los Angelis State NY Zip Code 90036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement mission ad	<table border="1"><tr><td>995.00</td></tr></table>	995.00																		
995.00																					
	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) Jewish Media Group LLC	Transaction ID: SB21B.29005 Date of Disbursement																			
	Mailing Address 5455 Wilshire Blvd Suite # 1000	<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>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
	City Los Angelis State NY Zip Code 90036	Amount of Each Disbursement this Period																			
	Purpose of Disbursement mission ad	<table border="1"><tr><td>750.00</td></tr></table>	750.00																		
750.00																					
	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) Jewish Voice	Transaction ID: SB21B.28985 Date of Disbursement																			
	Mailing Address 73 Dana Place	<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>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	4		2	0	1	1												
	City Englewood State NJ Zip Code 07631	Amount of Each Disbursement this Period																			
	Purpose of Disbursement mission ad	<table border="1"><tr><td>650.00</td></tr></table>	650.00																		
650.00																					
	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>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2395.00</td></tr></table>	2395.00
2395.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input 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><b>A.</b> Full Name (Last, First, Middle Initial) Long Island Jewish World</p> <p>Mailing Address 1525 Central Ave</p> <p>City Far Rockaway State NY Zip Code 11691</p> <p>Purpose of Disbursement mission ad</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><b>Transaction ID:</b> SB21B.28984</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Long Island Jewish World</p> <p>Mailing Address 1525 Central Ave</p> <p>City Far Rockaway State NY Zip Code 11691</p> <p>Purpose of Disbursement mission ad</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><b>Transaction ID:</b> SB21B.29008</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="600.00"/></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) NJ Jewish News</p> <p>Mailing Address 901 Route 10</p> <p>City Whippany State NJ Zip Code 07981</p> <p>Purpose of Disbursement mission ad</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><b>Transaction ID:</b> SB21B.28979</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="388.80"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1588.80"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 53 / 64

<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) NJ Jewish News	Transaction ID: SB21B.29007
	Mailing Address 901 Route 10	Date of Disbursement MM / DD / YYYY 02 / 24 / 2011
	City Whippany State NJ Zip Code 07981	Amount of Each Disbursement this Period 388.80
	Purpose of Disbursement mission ad	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Leonor Nunez	Transaction ID: SB21B.28965
	Mailing Address 526 Longview Ave	Date of Disbursement MM / DD / YYYY 02 / 02 / 2011
	City Cliffside Park State NJ Zip Code 07010	Amount of Each Disbursement this Period 342.46
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.28968
	Mailing Address 1551 S. Washington Ave.	Date of Disbursement MM / DD / YYYY 02 / 02 / 2011
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period 1016.60
	Purpose of Disbursement taxes	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1747.86
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.28977
	Mailing Address 1551 S. Washington Ave.	Date of Disbursement MM / DD / YYYY 02 / 10 / 2011
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period 184.72
	Purpose of Disbursement invoice Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.28978
	Mailing Address 1551 S. Washington Ave.	Date of Disbursement MM / DD / YYYY 02 / 10 / 2011
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period 126.87
	Purpose of Disbursement invoice Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.28991
	Mailing Address 1551 S. Washington Ave.	Date of Disbursement MM / DD / YYYY 02 / 15 / 2011
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period 896.90
	Purpose of Disbursement taxes Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1208.49
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

A.	Full Name (Last, First, Middle Initial) paypal	Transaction ID: SB21B.28961 Date of Disbursement 02 / 28 / 2011
	Mailing Address PO Box 45950	Amount of Each Disbursement this Period 1704.37
	City Omaha State NE Zip Code 68145	
	Purpose of Disbursement service fee Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Karen Pichkhadze	Transaction ID: SB21B.28966 Date of Disbursement 02 / 02 / 2011
	Mailing Address 1038 Kingsland Lane	Amount of Each Disbursement this Period 1470.53
	City Fort Lee State NJ Zip Code 07024	
	Purpose of Disbursement payroll 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) Karen Pichkhadze	Transaction ID: SB21B.28989 Date of Disbursement 02 / 15 / 2011
	Mailing Address 1038 Kingsland Lane	Amount of Each Disbursement this Period 1446.31
	City Fort Lee State NJ Zip Code 07024	
	Purpose of Disbursement payroll 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	4621.21
<b>TOTAL</b> 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) elan shpigel	Transaction ID: SB21B.28967
	Mailing Address n/a	Date of Disbursement 02 / 02 / 2011
	City closter State NJ Zip Code 00000	Amount of Each Disbursement this Period 1218.52
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) elan shpigel	Transaction ID: SB21B.28990
	Mailing Address n/a	Date of Disbursement 02 / 15 / 2011
	City closter State NJ Zip Code 00000	Amount of Each Disbursement this Period 468.48
	Purpose of Disbursement payroll	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) susquehanna bank	Transaction ID: SB21B.28970
	Mailing Address 26 N. Cedar St	Date of Disbursement 02 / 04 / 2011
	City Lilitz State PA Zip Code 17543	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement auto expense-karen pichkhadze	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1987.00
<b>TOTAL</b> 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><b>A.</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 charges</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><b>Transaction ID:</b> SB21B.28983</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="417.77"/></p>
<p><b>B.</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 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><b>Transaction ID:</b> SB21B.28962</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="230.64"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon wireless</p> <p>Mailing Address PO Box 17120</p> <p>City Tucson State AZ Zip Code 85731</p> <p>Purpose of Disbursement cell phone</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><b>Transaction ID:</b> SB21B.29006</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="235.43"/></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="883.84"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="18275.19"/>

A. Form/Schedule : **SB21B**

usps \$115.99, fax blast \$90.98, shoprite \$155.37, \$staples \$55.43

Transaction ID : **SB21B.28983**

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
NORPAC

<b>A.</b> Full Name (Last, First, Middle Initial) BEN CARDIN FOR SENATE Mailing Address P.O. BOX 21093 City CATONSVILLE State MD Zip Code 21228 Purpose of Disbursement earmarks-see memo text Candidate Name	Transaction ID: SB23.28972 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1180.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) LATOURETTE FOR CONGRESS COMMITTEE Mailing Address 320 Kenarden Dr. City Highland Hts. State OH Zip Code 44143 Purpose of Disbursement earmark-rob gottesman Candidate Name	Transaction ID: SB23.28993 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) TESTER, JON Mailing Address 709 SON LANE City BIG SANDY State MT Zip Code 59520 Purpose of Disbursement PAC donation Candidate Name	Transaction ID: SB23.29000 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6180.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

A. Form/Schedule : **SB23**

the following is a list of contributor: Ken hoffman \$500, Laurie Baumel \$180, Drew Parker \$500

Transaction ID : **SB23.28972**

**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) TESTER, JON		Transaction ID: SB23.29004	
	Mailing Address 709 SON LANE		Date of Disbursement MM / DD / YYYY 02 / 18 / 2011	
	City BIG SANDY	State MT	Zip Code 59520	Amount of Each Disbursement this Period 9350.00
	Purpose of Disbursement earmarks-see memo txt		Category/ Type	
	Candidate Name			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: MT	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	9350.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	15530.00

A. Form/Schedule : **SB23**  
Transaction ID : **SB23.29004**

the following is a list of contributors to the campaign: howard baruch \$1,000; laurie baumel \$250; reuven escott \$500; danny feuer \$200; mort fridman \$500; howard friedman \$1,000; jerry gontownik \$250; esther hershenbaum \$2,000; ezra lightman \$150; nathan lindenbaum \$1,000; Drew parker \$500; Steven Sibel \$1,000; Jy Sklar \$1,000.

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

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NAME OF COMMITTEE (In Full)  
NORPAC

<b>A.</b> Full Name (Last, First, Middle Initial) Renee Fromowitz <hr/> Mailing Address 1346 Sussex Rd. <hr/> City Teaneck State NJ Zip Code 07666 <hr/> Purpose of Disbursement refund for mission registration fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.29111 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 1
	Amount of Each Disbursement this Period 225.00
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Karen Pichkhadze <hr/> Mailing Address 1038 Kingsland Lane <hr/> City Fort Lee State NJ Zip Code 07024 <hr/> Purpose of Disbursement reimb for post office code change Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A.28976 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 15.00
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	240.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	240.00

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" 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)  
GILLIBRAND FOR SENATE

Transaction ID: SB28B.29224  
Date of Disbursement

Mailing Address 313 C STREET NE

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

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

1200.00
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Purpose of Disbursement  
refund to PAC for over limit contribution

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NY District: 00

Disbursement For:  Primary  General  
 Other (specify) ▼

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

1200.00
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TOTAL This Period (last page this line number only) ..... ►

1200.00
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