

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

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

FOR LINE NUMBER: PAGE 20 / 170

(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

Full Name (Last, First, Middle Initial) A. Ziel Feldman		Date of Receipt M / D / Y 09 / 30 / 2003
Mailing Address 120 S. Woodland St.		Transaction ID: SA11A1.10339
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Real Estate Developer	check written to Ampac
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ .00	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Daniel Feuer		Date of Receipt M / D / Y 09 / 14 / 2003
Mailing Address 335 Robin Road		Transaction ID: SA11A1.10052
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 136.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

Full Name (Last, First, Middle Initial) C. David Feuer		Date of Receipt M / D / Y 09 / 15 / 2003
Mailing Address 378 Eton St.		Transaction ID: SA11A1.10173
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer Astoria Surgical	Occupation Surgical Sales	earmarked for Ampac
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	336.00
TOTAL This Period (last page this line number only) .....	▶	