

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>3 / 7</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER <b>11A1</b>
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.				
<b>NAME OF COMMITTEE (In Full)</b> <b>NORFAC</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Gary Bacharach  510 Kensington Road  Teaneck NJ 07666 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Hanbet Corp  <b>Occupation</b> Executive <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/15/2000	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Howard Jonas  3020 Palisade Ave.  Bronx NY 10463 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> IDT  <b>Occupation</b> CEO <b>Aggregate Year-to-Date</b> > \$ 5000.00	<b>Date (month, day, year)</b> 11/15/2000	<b>Amount of Each Receipt this Period</b> 5000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ronny Meier  1343 Trafalgar St.  Teaneck NJ 07666 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Self  <b>Occupation</b> Physician <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 11/15/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Leon J. Sokol  158 Vandellinda Ave.  Teaneck NJ 07666 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Sokol, Bellet & Fiorenzo  <b>Occupation</b> Attorney <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 11/15/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Theodore K. Tobias  185 Maple Street  Englewood NJ 07831 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Self  <b>Occupation</b> Physician <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 11/15/2000	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Alan D. Traster  8 Longell Dr.  Wayne NJ 07470 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Trasco Mgmt.  <b>Occupation</b> Pharmacist <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 11/15/2000	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> William Weiss  371 Cumberland Street  Englewood NJ 07631 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Medical Registry Services, Inc.  <b>Occupation</b> Executive <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 11/15/2000	<b>Amount of Each Receipt this Period</b> 1000.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....			<b>8500.00</b>	