

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 / 259
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Jeffrey Weinstein		Date of Receipt M M / D D / Y Y Y Y 1 0 / 0 9 / 2 0 0 5
Mailing Address 11 Anthony Ave.		Transaction ID: SA11A1.14168
City Edison State NJ Zip Code 08820	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Conduit George Allen	
Name of Employer James St. Anesthesia Occupation Physician	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date .00	

Full Name (Last, First, Middle Initial) B. Jeffrey Weinstein		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 8 / 2 0 0 5
Mailing Address 11 Anthony Ave.		Transaction ID: SA11A1.14015
City Edison State NJ Zip Code 08820	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Conduit DeWine	
Name of Employer James St. Anesthesia Occupation Physician	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date .00	

Full Name (Last, First, Middle Initial) C. Jeffrey Weinstein		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 5
Mailing Address 11 Anthony Ave.		Transaction ID: SA11A1.14091
City Edison State NJ Zip Code 08820	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	Conduit Hoyer's Ameripac	
Name of Employer James St. Anesthesia Occupation Physician	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date .00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	