

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

NORPAC

ADDRESS (number and street) PO Box 5595
 Check if different than previously reported. (ACC)
 Englewood NJ 07631

2. **FEC IDENTIFICATION NUMBER** C00247403
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
 (b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
 (c) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
 Election on _____ in the State of _____
 (d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
 Election on _____ in the State of _____

5. Covering Period 06 01 2006 through 06 30 2006

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

Type or Print Name of Treasurer Kevin Lemmer

Signature of Treasurer Electronically Filed by Kevin Lemmer Date 07 20 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
NORPAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		382299.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	416140.13									
(c) Total Receipts (from Line 19)	14909.95	159370.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	431050.08	541669.12								
7. Total Disbursements (from Line 31)	33083.10	143702.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	397966.98	397966.98								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
NORPAC

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	12970.00	113904.66
(i) Itemized (use Schedule A)	1128.00	40736.35
(ii) Unitemized	14098.00	154641.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	14098.00	154641.01
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	130.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	811.95	4599.11
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))	14909.95	159370.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	14909.95	159370.12

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13708.10	93062.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13708.10	93062.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	19250.00	49250.00
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	125.00	1390.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	125.00	1390.00
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))..	33083.10	143702.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	33083.10	143702.14

DETAILED SUMMARY PAGE
of Disbursements

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)	14098.00	154641.01
34. Total Contribution Refunds (from Line 28(d))	125.00	1390.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13973.00	153251.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13708.10	93062.14
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	130.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13708.10	92932.14

**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 6 / 104
	<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

Full Name (Last, First, Middle Initial) A. Terence Augenbraun		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2006
Mailing Address 193 Fairfield Woods Rd		Transaction ID: SA11A1.15994
City State Zip Code Fairfield CT 06825	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		check to ERICPAC [MEMO ITEM]
Name of Employer Self Occupation Consultant	Aggregate Year-to-Date ▼ .00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Barry Badner		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006
Mailing Address 261 Robin Rd.		Transaction ID: SA11A1.16075
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen [MEMO ITEM]
Name of Employer Zehar and Badner Occupation Mgmt Consultant	Aggregate Year-to-Date ▼ .00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Phil Baratz		Date of Receipt M M / D D / Y Y Y Y 06 / 04 / 2006
Mailing Address 5920 SW 33 Ave		Transaction ID: SA11A1.16173
City State Zip Code Fort Lauderdale FL 33312	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Angus Energy Occupation Sales	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	250.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 104
	<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. Laurie Baumel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6	
Mailing Address 797 Winthrop Rd.		Transaction ID: SA11A1.16088	
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen		
Name of Employer none Occupation Housewife	[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. Diane Belok		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address 1648 Hanover St		Transaction ID: SA11A1.15964	
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	check to Steve Rothman		
Name of Employer Occupation Homemaker	[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. Jack Belz		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6	
Mailing Address 100 Peabody PI Ste 1400		Transaction ID: SA11A1.16192	
City State Zip Code Memphis TN 38103	Amount of Each Receipt this Period 80.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Belz Enterprises Occupation Owner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.01		

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	

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 8 / 104
	<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

A. Full Name (Last, First, Middle Initial) Ronald Belz Mailing Address 100 Peabody Pl City Memphis State TN Zip Code 38103 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6 Transaction ID: SA11A1.16193 Amount of Each Receipt this Period 40.00
Name of Employer Belz Enterprises Occupation Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 304.99		

B. Full Name (Last, First, Middle Initial) Marc Ben-Ezra Mailing Address 58-10 SW 33rd Ln City Fort Lauderdale State FL Zip Code 33312 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.16063 Amount of Each Receipt this Period 250.00
Name of Employer Ben-Ezra & Katz Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		check to Ros-Lehtinen [MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Alan Berger Mailing Address 24 Sutton Pl. City Englewood State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.16087 Amount of Each Receipt this Period 100.00
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 ▼ .00		check to Ros-Lehtinen [MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	40.00
TOTAL This Period (last page this line number only)	▶	

**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 9 / 104
	<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. Alan Berger		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 24 Sutton Pl.		Transaction ID: SA11A1.15950	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		check to Patrick McHenry	
Name of Employer Self	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. Alan Berger		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 24 Sutton Pl.		Transaction ID: SA11A1.16304	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		check to ERICPAC	
Name of Employer Self	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. Howard Bienenfeld		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 5921 SW 33rd Lane		Transaction ID: SA11A1.16027	
City Fort Lauderdale	State FL	Zip Code 33312	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen	
Name of Employer BLS Financial	Occupation Finance	[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) ▶	

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 10 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Barbara Bortniker

Mailing Address 4 Kinzel Lane

City State Zip Code
West Orange NJ 07052

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

Name of Employer Self Occupation Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 06 / 2006

Transaction ID: SA11A1.16026

Amount of Each Receipt this Period
500.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Edward Boylan

Mailing Address 270 Van Nostrand Ave.

City State Zip Code
Englewood NJ 07631

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

Name of Employer Rutgers University Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 11 / 2006

Transaction ID: SA11A1.16303

Amount of Each Receipt this Period
50.00

check to ERICPAC

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Bruce Brafman

Mailing Address 269 Fountain Rd

City State Zip Code
Englewood NJ 07631

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

Name of Employer Verizon Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 11 / 2006

Transaction ID: SA11A1.16302

Amount of Each Receipt this Period
500.00

check to ERICPAC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 104
	<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. Scott Bugay		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 290 NW 165 St P600		Transaction ID: SA11A1.16197
City Miami State FL Zip Code 33169	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen [MEMO ITEM]
Name of Employer Self	Occupation Attorney	
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. Howard Chusid		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 3860 N 40th Ave		Transaction ID: SA11A1.16061
City Hollywood State FL Zip Code 33021	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen [MEMO ITEM]
Name of Employer Physician Consultant Services	Occupation Consultant	
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. Stephen Clements		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 4050 N 48th Ave		Transaction ID: SA11A1.16085
City Hollywood State FL Zip Code 33021	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen [MEMO ITEM]
Name of Employer Grand Bahama Vacations	Occupation Hotel/Hospitality Mgmt	
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) ▶	_____

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 12 / 104
	<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

A. Full Name (Last, First, Middle Initial)
David Dennis

Mailing Address 1060 NE 170th Terr

City State Zip Code
North Miami Beach FL 33162

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

Name of Employer Occupation
S Flent Assoc Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: SA11A1.16029

Amount of Each Receipt this Period
300.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Joel Dennis

Mailing Address 1080 NE 165th Terr

City State Zip Code
North Miami Beach FL 33162

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

Name of Employer Occupation
Retired

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: SA11A1.16008

Amount of Each Receipt this Period
1000.00

check to Ros-Lehtinen

[MEMO ITEM]

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

Mailing Address 975 NE 173rd St

City State Zip Code
North Miami Beach FL 33162

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

Name of Employer Occupation
Self Dentist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: SA11A1.16076

Amount of Each Receipt this Period
125.00

check to Ros-Lehtinen

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Michael Dennis

Mailing Address 3336 SW 57th PI

City State Zip Code
Fort Lauderdale FL 33312

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

Name of Employer Ortho Care Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.16024

Amount of Each Receipt this Period
500.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Michael Dennis

Mailing Address 3336 SW 57th PI

City State Zip Code
Fort Lauderdale FL 33312

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

Name of Employer Ortho Care Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.16084

Amount of Each Receipt this Period
100.00

check to Ros-Lehtinen

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Carl Drucker

Mailing Address 4821 B 31st Court

City State Zip Code
Hollywood FL 33021

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

Name of Employer Self Occupation MD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.16059

Amount of Each Receipt this Period
250.00

check to Ros-Lehtinen

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Arline Duker

Mailing Address 189 Carlton Ter

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Self Occupation Social Worker

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 11 / 2006

Transaction ID: SA11A1.15959

Amount of Each Receipt this Period
1000.00

check to Steve Rothman

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Eli Eizik

Mailing Address 321 Griggs Ave.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Michael Wildes Occupation Student Intern

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 11 / 2006

Transaction ID: SA11A1.16301

Amount of Each Receipt this Period
36.00

check to ERICPAC

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Reuven Escott

Mailing Address 55 Regent St.

City State Zip Code
Bergenfield NJ 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 ▼ .00

Date of Receipt
06 / 06 / 2006

Transaction ID: SA11A1.16058

Amount of Each Receipt this Period
250.00

check to Ros-Lehtinen

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 104
	<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

A. Full Name (Last, First, Middle Initial) Elaine Farkas Mailing Address 5810 SW 33rd Terr City Fort Lauderdale State FL Zip Code 33312 FEC ID number of contributing federal political committee. C		Date of Receipt <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>6</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.16020 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> check to Ros-Lehtinen [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	2		2	0	0	6	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	2		2	0	0	6														
500.00																							
Name of Employer NPC Occupation Financial Rep Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>.00</td> </tr> </table>		.00																					
.00																							

B. Full Name (Last, First, Middle Initial) Dan Feder Mailing Address 44 West 62nd St. City New York State NY Zip Code 10023 FEC ID number of contributing federal political committee. C		Date of Receipt <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>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.16007 Amount of Each Receipt this Period <table border="1"> <tr> <td>1000.00</td> </tr> </table> check to Ros-Lehtinen [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	6	1000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	6		2	0	0	6														
1000.00																							
Name of Employer Acker & Li Occupation Businessman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>.00</td> </tr> </table>		.00																					
.00																							

C. Full Name (Last, First, Middle Initial) Victoria Feder Mailing Address 105 Hudson St City New York State NY Zip Code 10013 FEC ID number of contributing federal political committee. C		Date of Receipt <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>6</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: SA11A1.16070 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table> check to Ros-Lehtinen [MEMO ITEM]	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	6		2	0	0	6	200.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	6		2	0	0	6														
200.00																							
Name of Employer none Occupation homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>.00</td> </tr> </table>		.00																					
.00																							

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 104
	<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

A. Full Name (Last, First, Middle Initial) Victoria Feder Mailing Address 105 Hudson St City State Zip Code New York NY 10013 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006 Transaction ID: SA11A1.16365 Amount of Each Receipt this Period 200.00 check to ERICPAC [MEMO ITEM]
Name of Employer none Occupation homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		

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		Date of Receipt M M / D D / Y Y Y Y 06 / 06 / 2006 Transaction ID: SA11A1.16006 Amount of Each Receipt this Period 1000.00 check to Ros-Lehtinen [MEMO ITEM]
Name of Employer Occupation Homemaker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		

C. Full Name (Last, First, Middle Initial) Daniel Feuer Mailing Address 335 Robin Road City State Zip Code Englewood NJ 07631 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006 Transaction ID: SA11A1.16300 Amount of Each Receipt this Period 100.00 check to ERICPAC [MEMO ITEM]
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 ▼ .00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 104
	<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

A. Full Name (Last, First, Middle Initial) Mark Finkel		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2006	
Mailing Address 182 Hillside Ave.		Transaction ID: SA11A1.16187	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emerging Growth Associates	Occupation Technology Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Susan Fishbein Druck		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 481 Cape May St		Transaction ID: SA11A1.16057	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

check to Ros-Lehtinen
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) David Fishel		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006	
Mailing Address 348 Jones Rd.		Transaction ID: SA11A1.16299	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Financier		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

check to ERICPAC
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 104
	<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

A. Full Name (Last, First, Middle Initial) David Flamholz Mailing Address 300 Sunset Ave. City Englewood State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6 Transaction ID: SA11A1.15955 Amount of Each Receipt this Period 500.00 check to Kent Conrad [MEMO ITEM]
Name of Employer Abeles & Heymann Occupation Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date .00		

B. Full Name (Last, First, Middle Initial) David Forman Mailing Address 239 Mountain Rd. City Englewood State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.16298 Amount of Each Receipt this Period 250.00 check to ERICPAC [MEMO ITEM]
Name of Employer Self Occupation Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date .00		

C. Full Name (Last, First, Middle Initial) Morton Fridman Mailing Address 826 Winthrop Rd City Teaneck State NJ Zip Code 07666 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.16297 Amount of Each Receipt this Period 500.00 credit card to Eric Cantor C00420174 [MEMO ITEM]
Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date .00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Dror Futter

Mailing Address 1151 Emerson Rd

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Battle Fowler attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.16083

Amount of Each Receipt this Period
100.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Jonathan Gellis

Mailing Address 235 New Bridge Rd.

City State Zip Code
New Milford NJ 07646

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

Name of Employer Occupation
Sloan Securities Stock Trader

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.16005

Amount of Each Receipt this Period
1000.00

check to Ros-Lehtinen

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Jonathan Gelman

Mailing Address 3630 N 45th Ave

City State Zip Code
Hollywood FL 33021

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

Name of Employer Occupation
Greenberg Traurig Attorney

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 2 / 2 0 0 6

Transaction ID: SA11A1.16019

Amount of Each Receipt this Period
500.00

check to Ros-Lehtinen

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 104
	<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

A. Full Name (Last, First, Middle Initial) David Genet		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 19080 NE 29th Ave		Transaction ID: SA11A1.16056
City State Zip Code Aventura FL 33180	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen	
Name of Employer Self Occupation Periodontist	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

B. Full Name (Last, First, Middle Initial) Adam Glazer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 6216 Green Meadow Way		Transaction ID: SA11A1.16017
City State Zip Code Baltimore MD 21209	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen	
Name of Employer Securities & Exchange Com-misio Occupation Attorney	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

C. Full Name (Last, First, Middle Initial) Jonathan Glazer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 500 S Ocean Blvd #604		Transaction ID: SA11A1.16052
City State Zip Code Boca Raton FL 33432	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen	
Name of Employer University MRI, Boca Raton Occupation Radiologist	[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) ▶	

**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 21 / 104
	<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. Michael Glazer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 6212 Green Meadow Way		Transaction ID: SA11A1.16050	
City Baltimore	State MD	Zip Code 21209	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen	
Name of Employer Mellis Corp	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Anne Gontownik		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6	
Mailing Address 250 Mountain Rd.		Transaction ID: SA11A1.15978	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		check to Bill Nelson	
Name of Employer none	Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Robert Goodman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 473 Winthrop Rd.		Transaction ID: SA11A1.16296	
City Teaneck	State NJ	Zip Code 07666	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		check to ERICPAC	
Name of Employer Columbia University	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Robert Goodman

Mailing Address 473 Winthrop Rd.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Columbia University Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 12 / 2006

Transaction ID: SA11A1.16004

Amount of Each Receipt this Period
1000.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Norman Gorlyn

Mailing Address 150 Madison Ave.

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
Self Realtor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 11 / 2006

Transaction ID: SA11A1.16295

Amount of Each Receipt this Period
200.00

check to ERICPAC

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Robert M. Gottesman

Mailing Address 285 Sunset Avenue

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
Self CPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 06 / 2006

Transaction ID: SA11A1.16049

Amount of Each Receipt this Period
250.00

check to Ros-Lehtinen

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 104
	<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) Robert M. Gottesman		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006	
Mailing Address 285 Sunset Avenue		Transaction ID: SA11A1.15981	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		check to Bill Nelson	
Name of Employer Self	Occupation CPA	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

B. Full Name (Last, First, Middle Initial) Robert M. Gottesman		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006	
Mailing Address 285 Sunset Avenue		Transaction ID: SA11A1.16294	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		check to ERICPAC	
Name of Employer Self	Occupation CPA	[MEMO ITEM]	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

C. Full Name (Last, First, Middle Initial) David Greenblatt		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006	
Mailing Address 130 Beech Rd.		Transaction ID: SA11A1.16293	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		check to ERICPAC	
Name of Employer Valley Hospital	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)	

**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 24 / 104
	<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

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

Mailing Address 240 Maple St.

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Venture Capitalist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt

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

Transaction ID: SA11A1.16292

Amount of Each Receipt this Period

500.00

check from ERICPAC

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Jack Halpern

Mailing Address 160 W. 66th St.

City New York State NY Zip Code 10023

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

Name of Employer Atlantic Realty Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt

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

Transaction ID: SA11A1.16003

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Jack Halpern

Mailing Address 160 W. 66th St.

City New York State NY Zip Code 10023

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

Name of Employer Atlantic Realty Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt

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

Transaction ID: SA11A1.15954

Amount of Each Receipt this Period

1000.00

check to Kent Conrad

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 25 / 104
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NORPAC

A. Full Name (Last, First, Middle Initial)
Jack Halpern

Mailing Address 160 W. 66th St.

City State Zip Code
New York NY 10023

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

Name of Employer Atlantic Realty Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.....00

Date of Receipt

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

Transaction ID: SA11A1.15971

Amount of Each Receipt this Period

.....	2000.00
-------	---------

check to Bill Nelson

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Jack Halpern

Mailing Address 160 W. 66th St.

City State Zip Code
New York NY 10023

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

Name of Employer Atlantic Realty Occupation Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.....5125.00

Date of Receipt

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

Transaction ID: SA11A1.16181

Amount of Each Receipt this Period

.....	5000.00
-------	---------

C. Full Name (Last, First, Middle Initial)
Lieba Halpern

Mailing Address 160 W. 66 St.

City State Zip Code
New York NY 10023

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

Name of Employer none Occupation homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.....5000.00

Date of Receipt

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

Transaction ID: SA11A1.16182

Amount of Each Receipt this Period

.....	5000.00
-------	---------

SUBTOTAL of Receipts This Page (optional) ►

10000.00

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

.....

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 26 / 104
	<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

A. Full Name (Last, First, Middle Initial) Lynn Hanfling Mailing Address 47 Leslie St City Edison State NJ Zip Code 08817 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.16090 Amount of Each Receipt this Period 36.00 check to Ros-Lehtinen [MEMO ITEM]
Name of Employer Cardiac Diagnostic Services Occupation Administrative Assistant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		

B. Full Name (Last, First, Middle Initial) Esther Hershenbaum Mailing Address 245 Hutchinson Rd. City Englewood State NJ Zip Code 07631 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6 Transaction ID: SA11A1.15977 Amount of Each Receipt this Period 1000.00 credit card to Bill Nelson [MEMO ITEM]
Name of Employer Cliffside Medical Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		

C. Full Name (Last, First, Middle Initial) Janet Hoffman Mailing Address 637 Forest Dr City Teaneck State NJ Zip Code 07666 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.16048 Amount of Each Receipt this Period 250.00 check to Ros-Lehtinen [MEMO ITEM]
Name of Employer The Heschel School, NY Occupation Psychologist 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)	

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

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

FOR LINE NUMBER: PAGE 27 / 104
(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)
Janet Hoffman

Mailing Address 637 Forest Dr

City State Zip Code
Teaneck NJ 07666

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
The Heschel School, NY Psychologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 6

Transaction ID: SA11A1.15962

Amount of Each Receipt this Period
500.00

check to Steve Rothman

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Elaine Jacobs

Mailing Address 1050 Wall St W

City State Zip Code
Lyndhurst NJ 07071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Homemaker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 6

Transaction ID: SA11A1.15979

Amount of Each Receipt this Period
500.00

check to Bill Nelson

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Elaine Jacobs

Mailing Address 1050 Wall St W

City State Zip Code
Lyndhurst NJ 07071

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Homemaker

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.16291

Amount of Each Receipt this Period
250.00

check to ERICPAC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) 0.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Steven Jacoby

Mailing Address 4401 N Hills Dr

City State Zip Code
Hollywood FL 33021

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

Name of Employer Self Occupation Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 12 / 2006

Transaction ID: SA11A1.16046

Amount of Each Receipt this Period
250.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Seymour Jotkowitz

Mailing Address 484 Kensington Road

City State Zip Code
Teaneck NJ 07666

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

Name of Employer S. Jotkowitz, M.D., P.A. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.16082

Amount of Each Receipt this Period
100.00

check to Ros-Lehtinen

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Seymour Jotkowitz

Mailing Address 484 Kensington Road

City State Zip Code
Teaneck NJ 07666

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

Name of Employer S. Jotkowitz, M.D., P.A. Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.16290

Amount of Each Receipt this Period
200.00

check to ERICPAC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 104
	<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. Dov Kahane		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006
Mailing Address 573 Churchill Rd.		Transaction ID: SA11A1.16289
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	check to ERICPAC	
Name of Employer Self Occupation Dentist	[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. Richard Kahn		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006
Mailing Address 405 Winthrop		Transaction ID: SA11A1.15961
City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	check to Steve Rothman	
Name of Employer Cole, Schotz Occupation Attorney	[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. Harry Kanner		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006
Mailing Address 218 Van Nostrand Ave.		Transaction ID: SA11A1.16288
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	check to ERICPAC	
Name of Employer Dennis Interactive, Inc. Occupation Attorney	[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) ▶	

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 30 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Steven Kaplon

Mailing Address 6613 Wickfield Rd

City State Zip Code
Baltimore MD 21209

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

Name of Employer Self Occupation Accountant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: SA11A1.16080

Amount of Each Receipt this Period
100.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mordecai Katz

Mailing Address 300 E. Linden Ave.

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 ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.16287

Amount of Each Receipt this Period
1000.00

check to ERICPAC

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Arthur Kook

Mailing Address 263 Broad Ave.

City State Zip Code
Englewood NJ 07631

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

Name of Employer Ramapo Valley Dental Assoc. Occupation Dentist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.16286

Amount of Each Receipt this Period
250.00

check to ERICPAC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Abraham J. Kramer

Mailing Address 216 S. Dwight Place

City Englewood State NJ Zip Code 07631

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

Name of Employer none Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt

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

Transaction ID: SA11A1.16285

Amount of Each Receipt this Period

250.00

check to ERICPAC

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Joshua Landes

Mailing Address 740 W 232nd Street

City Riverdale State NY Zip Code 10463

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

Name of Employer Wynnefield Capital Occupation Investment Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt

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

Transaction ID: SA11A1.16002

Amount of Each Receipt this Period

1000.00

check to Ros-Lehtinen

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Robert Lebovics

Mailing Address 156 Dwight Pl.

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt

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

Transaction ID: SA11A1.16284

Amount of Each Receipt this Period

500.00

check to ERICPAC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td></td></tr></table>	

**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 32 / 104
	<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

A. Full Name (Last, First, Middle Initial) Kevin Lemmer Mailing Address 140 Downey Dr. City State Zip Code Tenafly NJ 07670 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6 Transaction ID: SA11A1.16001 Amount of Each Receipt this Period 1000.00 check to Ros-Lehtinen [MEMO ITEM]
Name of Employer ADAR Investment Management Occupation Financial Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		

B. Full Name (Last, First, Middle Initial) Kevin Lemmer Mailing Address 140 Downey Dr. City State Zip Code Tenafly NJ 07670 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.16283 Amount of Each Receipt this Period 500.00 check to ERICPAC [MEMO ITEM]
Name of Employer ADAR Investment Management Occupation Financial Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		

C. Full Name (Last, First, Middle Initial) Paul Lerer Mailing Address 270 Mountain Rd. City State Zip Code Englewood NJ 07631 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.16282 Amount of Each Receipt this Period 500.00 check to ERICPAC [MEMO ITEM]
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 ▼ .00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 104
	<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. Bennett Lindenbaum		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 2373 Broadway #1706		Transaction ID: SA11A1.16068	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen		
Name of Employer Basswood Partners, LLC	Occupation hedge fund manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Bennett Lindenbaum		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 2373 Broadway #1706		Transaction ID: SA11A1.16280	
City State Zip Code New York NY 10024	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	check to ERICPAC		
Name of Employer Basswood Partners, LLC	Occupation hedge fund manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Matthew Lindenbaum		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 131 E 92 St		Transaction ID: SA11A1.16069	
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen		
Name of Employer Basswood partners LLC	Occupation hedge fund manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

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

**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 34 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Matthew Lindenbaum

Mailing Address 131 E 92 St

City State Zip Code
New York NY 10128

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

Name of Employer Occupation
Basswood partners LLC hedge fund manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.16281

Amount of Each Receipt this Period
200.00

check to ERICPAC

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
MGS Corp. Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 06 / 2006

Transaction ID: SA11A1.16067

Amount of Each Receipt this Period
200.00

check to Ros-Lehtinen

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Nathan J. Lindenbaum

Mailing Address 464 Winthrop Rd.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
MGS Corp. Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.16279

Amount of Each Receipt this Period
200.00

check to ERICPAC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 104
	<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

A. Full Name (Last, First, Middle Initial) Dov Linzer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 5901 SW 33rd Terr		Transaction ID: SA11A1.16044	
City State Zip Code Fort Lauderdale FL 33312	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen		
Name of Employer Healthworx Occupation MD	[MEMO ITEM]		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

B. Full Name (Last, First, Middle Initial) Marvin Lipsky		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 28 Lakeview Dr		Transaction ID: SA11A1.16042	
City State Zip Code West Orange NJ 07052	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen		
Name of Employer Associates Digestive Diseases Occupation MD	[MEMO ITEM]		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

C. Full Name (Last, First, Middle Initial) Susan Lis		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 4140 Suffield Ct		Transaction ID: SA11A1.16040	
City State Zip Code Skokie IL 60076	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen		
Name of Employer Advocates Medical Group Occupation MD	[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) ▶	[]

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 36 / 104
	<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

A. Full Name (Last, First, Middle Initial) Caryl Mendelsohn		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 3101 N 47th Ave		Transaction ID: SA11A1.16038	
City Hollywood	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33021		check to Ros-Lehtinen	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

B. Full Name (Last, First, Middle Initial) Jay Mendelsohn		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 4920 N 37th St		Transaction ID: SA11A1.16013	
City Hollywood	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33021		check to Ros-Lehtinen	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Self	Occupation MD		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

C. Full Name (Last, First, Middle Initial) Michelle Mendelsohn		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 4920 N 37th St		Transaction ID: SA11A1.16015	
City Hollywood	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 33021		check to Ros-Lehtinen	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Associates in Physical Med	Occupation Occupational Therapist		
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) ▶	

**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 37 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Jerome Menkin

Mailing Address 232 Hutchinson Rd.

City Englewood State NJ Zip Code 07631

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

Name of Employer self Occupation merchant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 11 / 2006

Transaction ID: SA11A1.16278

Amount of Each Receipt this Period
100.00

check to ERICPAC

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Jerome Milch

Mailing Address 629 Thames Boulevard

City Teaneck State NJ Zip Code 07666

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

Name of Employer American Express Occupation Market Research Consultan

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 06 / 2006

Transaction ID: SA11A1.16012

Amount of Each Receipt this Period
500.00

check to Ros-Lehtinen

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Howard Miller

Mailing Address 158 Grand Ave.

City Englewood State NJ Zip Code 07631

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

Name of Employer Paine Webber Occupation Trader

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 11 / 2006

Transaction ID: SA11A1.16276

Amount of Each Receipt this Period
100.00

check to ERICPAC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Samuel Moed

Mailing Address 54 Dana Place

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
Bristol Myers Squibb Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 06 / 2006

Transaction ID: SA11A1.16037

Amount of Each Receipt this Period
250.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Samuel Moed

Mailing Address 54 Dana Place

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
Bristol Myers Squibb Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.16275

Amount of Each Receipt this Period
500.00

check to ERICPAC

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
David Muschel

Mailing Address 1296 Somerset Rd

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Occupation
Rockview Management Money Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.16274

Amount of Each Receipt this Period
1000.00

check to ERICPAC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 104
	<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. Jason Muss		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006
Mailing Address 181 East 90th		Transaction ID: SA11A1.15953
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	check to Kent Conrad	
Name of Employer Muss Development Corp	Occupation Real Estate Developer	[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. Jason Muss		Date of Receipt M M / D D / Y Y Y Y 06 / 11 / 2006
Mailing Address 181 East 90th		Transaction ID: SA11A1.15976
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	check to Bill Nelson	
Name of Employer Muss Development Corp	Occupation Real Estate Developer	[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. Jason Muss		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006
Mailing Address 181 East 90th		Transaction ID: SA11A1.16311
City State Zip Code New York NY 10128	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C	check to ERICPAC	
Name of Employer Muss Development Corp	Occupation Real Estate Developer	[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)	[]

**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 40 / 104
	<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

A. Full Name (Last, First, Middle Initial) David Nanasi		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 265 Mountain Rd		Transaction ID: SA11A1.16271	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		check to ERICPAC	
Name of Employer NEI Enterprises	Occupation Jewelry Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial) Sidney Newman		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 60 McLean Ave		Transaction ID: SA11A1.16035	
City Yonkers	State NY	Zip Code 10705	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen	
Name of Employer Self	Occupation Business		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial) Gilad ottensoser		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 285 Robin Rd		Transaction ID: SA11A1.16270	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		check to ERICPAC	
Name of Employer Legend Merchant	Occupation Banking		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

[MEMO ITEM]

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 104
	<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. Gilad ottensoser		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6	
Mailing Address 285 Robin Rd		Transaction ID: SA11A1.15975	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		check to Bill Nelson	
Name of Employer Legend Merchant	Occupation Banking	[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. Andrea Palmer		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6	
Mailing Address 39-30 SW 56th St		Transaction ID: SA11A1.16073	
City Fort Lauderdale	State FL	Zip Code 33312	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen	
Name of Employer KidoKinetics	Occupation Marketing	[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. Drew Parker		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 159 Maple St.		Transaction ID: SA11A1.16011	
City Englewood	State NJ	Zip Code 07631	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen	
Name of Employer Kingsbrook Investments	Occupation Real Estate	[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)	

**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 42 / 104
	<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. Drew Parker		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 159 Maple St.		Transaction ID: SA11A1.16310	
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	check to ERICPAC		
Name of Employer Kingsbrook Investments Occupation Real Estate	[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. Jose Poliak		Date of Receipt M M / D D / Y Y Y Y 06 / 12 / 2006	
Mailing Address 5800 Colonial Dr Suite 306		Transaction ID: SA11A1.16033	
City State Zip Code Margate FL 33063	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	check to Ros-Lehtinen		
Name of Employer Self Occupation MD	[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. Drorit Ratzker		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2006	
Mailing Address 360 Mountain Rd		Transaction ID: SA11A1.16309	
City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	check to ERICPAC		
Name of Employer Occupation Homemaker	[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) ▶	[]

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 43 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Harry Reidler

Mailing Address 263 Hutchinson Rd.

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt

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

Transaction ID: SA11A1.16269

Amount of Each Receipt this Period

100.00

check to ERICPAC

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Jorge Rodriguez

Mailing Address 435 central Park West apt#2b

City New York State NY Zip Code 10025

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

Name of Employer Grant Mccarthy Group Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt

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

Transaction ID: SA11A1.16089

Amount of Each Receipt this Period

72.00

check to Ros-Lehtinen

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Robert Rothenberg

Mailing Address 1775 Broadway 23rd Floor

City New York State NY Zip Code 10019

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

Name of Employer Tarragon Corp Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	5	/	2	0	0	6

Transaction ID: SA11A1.15972

Amount of Each Receipt this Period

1000.00

check to Bill Nelson

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	▶	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00			
TOTAL This Period (last page this line number only)	▶	<table border="1"><tr><td> </td></tr></table>	

**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 44 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Robert Rothenberg

Mailing Address 1775 Broadway
23rd Floor

City State Zip Code
New York NY 10019

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

Name of Employer Tarragon Corp Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2006

Transaction ID: SA11A1.15974

Amount of Each Receipt this Period
1000.00

check to Bill Nelson

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Ethel Scher

Mailing Address 3333 Henry Hudson Pkwy

City State Zip Code
Bronx NY 10463

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

Name of Employer Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 243.00

Date of Receipt
MM / DD / YYYY
06 / 01 / 2006

Transaction ID: SA11A1.16170

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
David Schluszel

Mailing Address 860 Prince St.

City State Zip Code
Teaneck NJ 07666

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

Name of Employer Key Properties Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2006

Transaction ID: SA11A1.16010

Amount of Each Receipt this Period
500.00

check to Ros-Lehtinen

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **100.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 104
	<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

A. Full Name (Last, First, Middle Initial) David Schluskel Mailing Address 860 Prince St. City State Zip Code Teaneck NJ 07666 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6 Transaction ID: SA11A1.16305 Amount of Each Receipt this Period 250.00 check to ERICPAC [MEMO ITEM]
Name of Employer Key Properties Occupation Real Estate Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		

B. Full Name (Last, First, Middle Initial) Samuel Sered Mailing Address 1050 NE 170 Terr City State Zip Code North Miami Beach FL 33162 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6 Transaction ID: SA11A1.16071 Amount of Each Receipt this Period 180.00 check to Ros-Lehtinen [MEMO ITEM]
Name of Employer Best Efforts Used Occupation MD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ .00		

C. Full Name (Last, First, Middle Initial) Jonathan Sherman Mailing Address 7 Lakeview Drive City State Zip Code West Orange NJ 07052 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6 Transaction ID: SA11A1.16268 Amount of Each Receipt this Period 1000.00 check to ERICPAC [MEMO ITEM]
Name of Employer Sherman & Gordon, P.C. Occupation Attorney 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)	

**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 46 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Mark Sholom

Mailing Address 11 Meadow Lane

City State Zip Code
Monsey NY 10952

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 19 / 2006

Transaction ID: SA11A1.16306

Amount of Each Receipt this Period
100.00

check to ERICPAC

[MEMO ITEM]

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 ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.16267

Amount of Each Receipt this Period
100.00

check to ERICPAC

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
ron slevin

Mailing Address 30 Lancaster Rd.

City State Zip Code
Tenafly NJ 07670

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

Name of Employer Occupation
Salomon Smith Barney Money manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2006

Transaction ID: SA11A1.15960

Amount of Each Receipt this Period
500.00

check to Steve Rothman

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► **0.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 104
	<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

A. Full Name (Last, First, Middle Initial)
Ruanne Spivak

Mailing Address 1241 NW 100th Way

City State Zip Code
Plantation FL 33322

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

Name of Employer Occupation
Occupation Orthopedic Parts Rep

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2006

Transaction ID: SA11A1.16092

Amount of Each Receipt this Period
100.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Jeffrey Stern

Mailing Address 3861 N 40th Ave

City State Zip Code
Hollywood FL 33021

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

Name of Employer Occupation
National Planning Corp Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
M M / D D / Y Y Y Y
06 / 12 / 2006

Transaction ID: SA11A1.16031

Amount of Each Receipt this Period
250.00

check to Ros-Lehtinen

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Warren stieglitz

Mailing Address 46 Hidden Ledge Rd.

City State Zip Code
Englewood NJ 07631

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

Name of Employer Occupation
none Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 15 / 2006

Transaction ID: SA11A1.16191

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 104
	<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. Abigail Tambor		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 115 86 St		Transaction ID: SA11A1.16066	
City New York	State NY	Zip Code 11028	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		check to Ros-Lehtinen	
Name of Employer none	Occupation homemaker	[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. Abigail Tambor		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 115 86 St		Transaction ID: SA11A1.16364	
City New York	State NY	Zip Code 11028	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		check to ERICPAC	
Name of Employer none	Occupation homemaker	[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. moshe vizel		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 19 Lizensk Blvd Unit 112		Transaction ID: SA11A1.16266	
City Monroe	State NY	Zip Code 10950	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		check to ERICPAC	
Name of Employer executive	Occupation rosewood developers	[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) ▶	

**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 49 / 104
	<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

A. Full Name (Last, First, Middle Initial) Karen Weinstein		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 11 Anthony Ave.		Transaction ID: SA11A1.16000	
City Edison	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 08820		check to Ros-Lehtinen	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer none	Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

B. Full Name (Last, First, Middle Initial) Karen Weinstein		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6	
Mailing Address 11 Anthony Ave.		Transaction ID: SA11A1.16265	
City Edison	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08820		check to ERICPAC	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer none	Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

C. Full Name (Last, First, Middle Initial) William Weiss		Date of Receipt M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6	
Mailing Address 371 Cumberland Street		Transaction ID: SA11A1.16065	
City Englewood	State NJ	Amount of Each Receipt this Period 200.00	
Zip Code 07631		check to Ros-Lehtinen	
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer paperclip software	Occupation Executive		
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) ▶	

**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 50 / 104
	<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

A. Full Name (Last, First, Middle Initial)
William Weiss

Mailing Address 371 Cumberland Street

City State Zip Code
Englewood NJ 07631

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

Name of Employer paperclip software Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 29 / 2006

Transaction ID: SA11A1.16308

Amount of Each Receipt this Period
200.00

check to ERICPAC

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mark Wertenteil

Mailing Address 296 Rutland Avenue

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 ▼ 625.00

Date of Receipt
06 / 06 / 2006

Transaction ID: SA11A1.16176

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ephraim Wohlberg

Mailing Address 4161 Parkview Dr

City State Zip Code
Hollywood FL 33021

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

Name of Employer Self Occupation Real Estate

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
06 / 12 / 2006

Transaction ID: SA11A1.16022

Amount of Each Receipt this Period
500.00

check to Ros-Lehtinen

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **500.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 104
	(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)
Lily Zablotsky

Mailing Address 5821 Quiet Oak Ln

City State Zip Code
Fort Lauderdale FL 33312

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

Name of Employer Occupation
Business

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2006

Transaction ID: SA11A1.16078

Amount of Each Receipt this Period
100.00

check to Ros-Lehtinen

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Sheldon Zelig

Mailing Address 175 Maple St.

City State Zip Code
Englewood NJ 07631

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 ▼ .00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2006

Transaction ID: SA11A1.16264

Amount of Each Receipt this Period
500.00

check to ERICPAC

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	12970.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 104
	(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

Full Name (Last, First, Middle Initial) A. Valley National Bank		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 1445 Valley Rd		Transaction ID: SA17.16164
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 18.73	
FEC ID number of contributing federal political committee. C	credit card interest income	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 3805.89	

Full Name (Last, First, Middle Initial) B. Valley National Bank		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2006
Mailing Address 1445 Valley Rd		Transaction ID: SA17.16165
City State Zip Code Wayne NJ 07470	Amount of Each Receipt this Period 793.22	
FEC ID number of contributing federal political committee. C	sweep account interest income	
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Aggregate Year-to-Date ▼ 4599.11	

SUBTOTAL of Receipts This Page (optional)	811.95
TOTAL This Period (last page this line number only)	811.95

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 / 104

<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

Full Name (Last, First, Middle Initial) A. ADP Benefit Services		Transaction ID: SB21B.16216 Date of Disbursement
Mailing Address 4900 University Ave - MS14		<input type="text" value="06"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City West Des Moines	State IA	Zip Code 50266
Purpose of Disbursement health insur - Joel Davidson	<input type="text" value="343.27"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP Benefit Services		Transaction ID: SB21B.16228 Date of Disbursement
Mailing Address 4900 University Ave - MS14		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City West Des Moines	State IA	Zip Code 50266
Purpose of Disbursement health insur - Joel Davidson	<input type="text" value="343.27"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Noam Davidovics		Transaction ID: SB21B.16214 Date of Disbursement
Mailing Address 11 Westminster Pl 1st floor		<input type="text" value="06"/> / <input type="text" value="05"/> / <input type="text" value="2006"/>
City Passaic	State NJ	Zip Code 07055
Purpose of Disbursement computer consulting	<input type="text" value="5397.50"/>	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6084.04"/>
TOTAL 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 54 / 104

<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

Full Name (Last, First, Middle Initial) A. Joel Davidson		Transaction ID: SB21B.16207 Date of Disbursement 06 / 01 / 2006	
Mailing Address 25 Ellen Drive		Amount of Each Disbursement this Period 227.20	
City Rockaway	State NJ	Zip Code 07866	
Purpose of Disbursement reimburse travel		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Joel Davidson		Transaction ID: SB21B.16208 Date of Disbursement 06 / 01 / 2006	
Mailing Address 25 Ellen Drive		Amount of Each Disbursement this Period 39.18	
City Rockaway	State NJ	Zip Code 07866	
Purpose of Disbursement reimburse supplies		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Joel Davidson		Transaction ID: SB21B.16209 Date of Disbursement 06 / 01 / 2006	
Mailing Address 25 Ellen Drive		Amount of Each Disbursement this Period 16.87	
City Rockaway	State NJ	Zip Code 07866	
Purpose of Disbursement reimburse admin		Category/ Type	
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	283.25
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Foremost Caterers, Inc		Transaction ID: SB21B.16261 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 65 Anderson Ave		Amount of Each Disbursement this Period 292.50
City Moonachie State NJ Zip Code 07074	Category/ Type	
Purpose of Disbursement bus breakfast for DC trip		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.16210 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 1132.01
City Piscataway State NJ Zip Code 08854	Category/ Type	
Purpose of Disbursement payroll - Joel Davidson		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.16212 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 446.90
City Piscataway State NJ Zip Code 08854	Category/ Type	
Purpose of Disbursement taxes		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1871.41
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.16213 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 182.08
City Piscataway State NJ Zip Code 08854		
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) ▼	

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.16260 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 756.62
City Piscataway State NJ Zip Code 08854		
Purpose of Disbursement payroll - Pnina Massoth 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) ▼	

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.16215 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 6
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 153.77
City Piscataway State NJ Zip Code 08854		
Purpose of Disbursement EIB 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1092.47
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.16225	
Mailing Address 1551 S. Washington Ave.		Date of Disbursement 06 / 15 / 2006	
City Piscataway	State NJ	Zip Code 08854	Amount of Each Disbursement this Period 1132.01
Purpose of Disbursement payroll - Joel Davidson		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:			

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.16226	
Mailing Address 1551 S. Washington Ave.		Date of Disbursement 06 / 16 / 2006	
City Piscataway	State NJ	Zip Code 08854	Amount of Each Disbursement this Period 446.90
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:			

Full Name (Last, First, Middle Initial) C. Paychex		Transaction ID: SB21B.16230	
Mailing Address 1551 S. Washington Ave.		Date of Disbursement 06 / 29 / 2006	
City Piscataway	State NJ	Zip Code 08854	Amount of Each Disbursement this Period 1132.01
Purpose of Disbursement payroll - Joel Davidson		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:			

SUBTOTAL of Disbursements This Page (optional)	2710.92
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. Paychex		Transaction ID: SB21B.16231 Date of Disbursement 06 / 30 / 2006	
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 446.90	
City Piscataway State NJ Zip Code 08854	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Paychex		Transaction ID: SB21B.16232 Date of Disbursement 06 / 30 / 2006	
Mailing Address 1551 S. Washington Ave.		Amount of Each Disbursement this Period 255.52	
City Piscataway State NJ Zip Code 08854	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. paypal		Transaction ID: SB21B.16160 Date of Disbursement 06 / 30 / 2006	
Mailing Address PO Box 45950		Amount of Each Disbursement this Period 14.80	
City Omaha State NE Zip Code 68145	Purpose of Disbursement service fee	Category/ Type 001	
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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional)	717.22
TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

<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

Full Name (Last, First, Middle Initial) A. Valley National Bank		Transaction ID: SB21B.16162	
Mailing Address 1445 Valley Rd		Date of Disbursement MM / DD / YYYY 06 / 30 / 2006	
City Wayne	State NJ	Zip Code 07470	Amount of Each Disbursement this Period 416.67
Purpose of Disbursement credit card processing fee		<input type="text" value="001"/>	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Verizon wireless		Transaction ID: SB21B.16227	
Mailing Address PO Box 17120		Date of Disbursement MM / DD / YYYY 06 / 27 / 2006	
City Tucson	State AZ	Zip Code 85731	Amount of Each Disbursement this Period 76.92
Purpose of Disbursement phone service		<input type="text" value=""/>	
Candidate Name		Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	493.59
TOTAL This Period (last page this line number only)	13252.90

**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

Full Name (Last, First, Middle Initial) A. JOHN J BARROW		Transaction ID: SB23.16252 Date of Disbursement 06 / 14 / 2006
Mailing Address PO Box 48178		Amount of Each Disbursement this Period 1000.00
City Athens	State GA	
Zip Code 30606		
Purpose of Disbursement Candidate Name JOHN J BARROW Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: GA	District: 12	

Full Name (Last, First, Middle Initial) B. CANTOR JOINT FUNDRAISING COMMITTEE		Transaction ID: SB23.16348 Date of Disbursement 06 / 11 / 2006
Mailing Address 25 EAST MAIN STREET		Amount of Each Disbursement this Period 500.00
City RICHMOND	State VA	
Zip Code 23219		
Purpose of Disbursement credit card from Mort Fridman Candidate Name Category/Type 011		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District: 07	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. KENT CONRAD		Transaction ID: SB23.15956 Date of Disbursement 06 / 11 / 2006
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 1000.00
City BISMARCK	State ND	
Zip Code 58502		
Purpose of Disbursement check from Jason Muss Candidate Name KENT CONRAD Category/Type 011		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND	District: 00	

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

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

Full Name (Last, First, Middle Initial) A. KENT CONRAD		Transaction ID: SB23.15957 Date of Disbursement 06 / 11 / 2006
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City BISMARCK	State ND Zip Code 58502	
Purpose of Disbursement check from Jack Halpern		
Candidate Name KENT CONRAD		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 00		

Full Name (Last, First, Middle Initial) B. KENT CONRAD		Transaction ID: SB23.15958 Date of Disbursement 06 / 29 / 2006
Mailing Address PO BOX 812		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City BISMARCK	State ND Zip Code 58502	
Purpose of Disbursement check from David Flamholz		
Candidate Name KENT CONRAD		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: ND District: 00		

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16313 Date of Disbursement 06 / 08 / 2006
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City Richmond	State VA Zip Code 23219	
Purpose of Disbursement check from Terence Augenbraun		
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16316 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Sheldon Zelig	011 Category/ Type	
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
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) ▼	

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16317 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Karen Weinstein	011 Category/ Type	
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
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) ▼	

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16318 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Moshe Vizel	011 Category/ Type	
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16319 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Yale Shulman		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16320 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Jonathan Sherman		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

1000.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16321 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Harry Reidler		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL 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)

PAGE 64 / 104

<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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16322 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Gilad Ottensofer		<input type="text" value="250.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16324 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from David Nanasi		<input type="text" value="250.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16325 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from David Muschel		<input type="text" value="1000.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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)

<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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16326 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Samuel Moed Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	011 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) ▼		

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16327 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Howard Miller Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	011 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) ▼		

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16328 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Jerome Menkin Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16329 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Nathan Lindenbaum		<input type="text" value="011"/> Category/ Type
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16330 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Bennett Lindenbaum		<input type="text" value="011"/> Category/ Type
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16331 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Matthew Lindenbaum		<input type="text" value="011"/> Category/ Type
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Amount of Each Disbursement this Period

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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)

<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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16332 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Paul Lerer		<table border="1"><tr><td>011</td></tr></table> Category/Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16333 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Kevin Lemmer		<table border="1"><tr><td>011</td></tr></table> Category/Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16334 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Robert Lebovics		<table border="1"><tr><td>011</td></tr></table> Category/Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL 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 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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16335 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Abraham J. Kramer Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	011 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) ▼	

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16336 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Arthur Kook Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	011 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) ▼	

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16337 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Mordecai Katz Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16338 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Harry Kanner		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16339 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Dov Kahane		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16340 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Seymour Jotkowitz		<table border="1"><tr><td>011</td></tr></table> Category/ Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL 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 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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16341 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Elaine Jacobs		<input type="text" value="250.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16342 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Kenneth Greif		<input type="text" value="500.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16343 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from David Greenblatt		<input type="text" value="100.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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)

<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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16345 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Robert Gottesman		<input type="text" value="250.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16346 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Norman Gorlyn		<input type="text" value="200.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16347 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="11"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Robert Goodman		<input type="text" value="1000.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16351 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from David Forman		<table border="1"><tr><td>011</td></tr></table> Category/Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Amount of Each Disbursement this Period <table border="1"><tr><td>250.00</td></tr></table> [MEMO ITEM]	250.00																			
250.00																						
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:																						

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16352 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from David Fishel		<table border="1"><tr><td>011</td></tr></table> Category/Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Amount of Each Disbursement this Period <table border="1"><tr><td>500.00</td></tr></table> [MEMO ITEM]	500.00																			
500.00																						
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:																						

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16353 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Daniel Feuer		<table border="1"><tr><td>011</td></tr></table> Category/Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Amount of Each Disbursement this Period <table border="1"><tr><td>100.00</td></tr></table> [MEMO ITEM]	100.00																			
100.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16354 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 36.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Eli Eizik	011 Category/ Type	
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
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) ▼	

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16355 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Bruce Brafman	011 Category/ Type	
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
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) ▼	

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16356 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 50.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Edward Boylan	011 Category/ Type	
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16357 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Alan Berger		<table border="1"><tr><td>011</td></tr></table> Category/Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

100.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16366 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Abigail Tambor		<table border="1"><tr><td></td></tr></table> Category/Type																				
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16367 Date of Disbursement																				
Mailing Address 25 East Main Street Suite 200		<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>6</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	1		2	0	0	6													
City Richmond	State VA	Zip Code 23219																				
Purpose of Disbursement check from Victoria Feder		<table border="1"><tr><td>011</td></tr></table> Category/Type	011																			
011																						
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

200.00

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>0.00</td></tr></table>	0.00
0.00		
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16358 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from David Schluskel Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16359 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from Mark Sholom Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16360 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 25 East Main Street Suite 200		Amount of Each Disbursement this Period 200.00 [MEMO ITEM]
City Richmond State VA Zip Code 23219		
Purpose of Disbursement check from William Weiss Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16361 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Drorit Ratzker		<input type="text" value="250.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16362 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Drew Parker		<input type="text" value="500.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		Transaction ID: SB23.16363 Date of Disbursement
Mailing Address 25 East Main Street Suite 200		<input type="text" value="06"/> / <input type="text" value="29"/> / <input type="text" value="2006"/>
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement check from Jason Muss		<input type="text" value="500.00"/>
Candidate Name EVERY REPUBLICAN IS CRUCIAL (ERICPAC)		<input type="text" value="011"/> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL 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)

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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

Full Name (Last, First, Middle Initial) A. GARRETT FOR CONGRESS		Transaction ID: SB23.16258 Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2006
Mailing Address 100 POND SCHOOL ROAD		Amount of Each Disbursement this Period 5000.00
City SUSSEX State NJ Zip Code 07461	Purpose of Disbursement 011 Category/Type	
Candidate Name GARRETT FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. MCHENRY FOR CONGRESS		Transaction ID: SB23.15951 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2006
Mailing Address PO BOX 1406		Amount of Each Disbursement this Period 250.00
City HICKORY State NC Zip Code 28601	Purpose of Disbursement check from Alan Berger 011 Category/Type	
Candidate Name MCHENRY FOR CONGRESS		[MEMO ITEM]
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NELSON, BILL		Transaction ID: SB23.15986 Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2006
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 1000.00
City Satellite State FL Zip Code 32937	Purpose of Disbursement check from Robert Rothenberg 011 Category/Type	
Candidate Name NELSON, BILL		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. NELSON, BILL		Transaction ID: SB23.15991 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City State Zip Code Satellite FL 32937		
Purpose of Disbursement check from Anne Gontownik Candidate Name NELSON, BILL	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NELSON, BILL		Transaction ID: SB23.15992 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City State Zip Code Satellite FL 32937		
Purpose of Disbursement check from Elaine Jacobs Candidate Name NELSON, BILL	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NELSON, BILL		Transaction ID: SB23.15984 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 2000.00 [MEMO ITEM]
City State Zip Code Satellite FL 32937		
Purpose of Disbursement check from Jack Halpern Candidate Name NELSON, BILL	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. NELSON, BILL		Transaction ID: SB23.15987 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City State Zip Code Satellite FL 32937	011 Category/ Type	
Purpose of Disbursement check from Robert Rothenberg		
Candidate Name NELSON, BILL		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. NELSON, BILL		Transaction ID: SB23.15989 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City State Zip Code Satellite FL 32937	011 Category/ Type	
Purpose of Disbursement check from Jason Muss		
Candidate Name NELSON, BILL		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. NELSON, BILL		Transaction ID: SB23.15993 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City State Zip Code Satellite FL 32937	011 Category/ Type	
Purpose of Disbursement check from Robert Gottesman		
Candidate Name NELSON, BILL		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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

Full Name (Last, First, Middle Initial) A. NELSON, BILL		Transaction ID: SB23.16248 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 5000.00
City State Zip Code Satellite FL 32937	Purpose of Disbursement 011 Category/ Type	
Candidate Name NELSON, BILL	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 00	

Full Name (Last, First, Middle Initial) B. NELSON, BILL		Transaction ID: SB23.16249 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 5000.00
City State Zip Code Satellite FL 32937	Purpose of Disbursement 011 Category/ Type	
Candidate Name NELSON, BILL	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 00	

Full Name (Last, First, Middle Initial) C. NELSON, BILL		Transaction ID: SB23.15988 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City State Zip Code Satellite FL 32937	Purpose of Disbursement check from Gilad Ottensoser 011 Category/ Type	
Candidate Name NELSON, BILL	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 00	

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

Full Name (Last, First, Middle Initial) A. NELSON, BILL		Transaction ID: SB23.15990 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 500 Red Sail Way		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City State Zip Code Satellite FL 32937		
Purpose of Disbursement credit card from Esther Hershenbaum	011 Category/ Type	
Candidate Name NELSON, BILL		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16097 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City State Zip Code MIAMI FL 33152		
Purpose of Disbursement check from Jack Halpern	011 Category/ Type	
Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16099 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City State Zip Code MIAMI FL 33152		
Purpose of Disbursement check from Jonathan Gellis	011 Category/ Type	
Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16100 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Eve Feldman Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16101 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Dan Feder Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16103 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from David Schlusel Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16105 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Drew Parker Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16106 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Jerome Milch Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16114 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Barbara Bortniker Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16120 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Samuel Moed Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16123 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Marvin Lipsky Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16126 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Janet Hoffman Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16127 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Robert Gottesman Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16133 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Reuven Escott Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16137 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 200.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from William Weiss Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16138 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 200.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Abigail Tambor Candidate Name ILEANA ROS-LEHTINEN	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16139 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 200.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Nathan Lindenbaum Candidate Name ILEANA ROS-LEHTINEN	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16140 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 200.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Bennett Lindenbaum Candidate Name ILEANA ROS-LEHTINEN	Category/ Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16141 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 200.00
City MIAMI State FL Zip Code 33152	011 Category/Type	
Purpose of Disbursement check from Matthew Lindenbaum Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16142 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 200.00
City MIAMI State FL Zip Code 33152	011 Category/Type	
Purpose of Disbursement check from Victoria Feder Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16152 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 100.00
City MIAMI State FL Zip Code 33152	011 Category/Type	
Purpose of Disbursement check from Dror Futter Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16155 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152	011 Category/Type	
Purpose of Disbursement check from Alan Berger Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16158 Date of Disbursement 06 / 06 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 36.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152	011 Category/Type	
Purpose of Disbursement check from Lynn Hanfling Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16151 Date of Disbursement 06 / 11 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152	011 Category/Type	
Purpose of Disbursement check from Seymour Jotkowitz Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16098 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Robert Goodman	011 Category/ Type	
Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16102 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Joel Dennis	011 Category/ Type	
Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16107 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Jay Mendelsohn	011 Category/ Type	
Candidate Name ILEANA ROS-LEHTINEN		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16108 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Michelle Mendelsohn Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16109 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Adam Glazer Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16110 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Jonathan Gelman Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16111 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Elaine Farkas Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16112 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Ephraim Wohlberg Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2007 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16113 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Michael Dennis Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16115 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Howard Bienenfeld Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16116 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 300.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from David Dennis Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16117 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Jeffrey Stern Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16118 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Jose Poliak Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16119 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Sidney Newman Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16121 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Caryl Mendelsohn Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16122 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Susan Lis Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16124 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Dov Linzer Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16125 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Steven Jacoby Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16128 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Michael Glazer Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16129 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Jonathan Glazer Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16131 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from David Genet Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16132 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Susan Fishbein Druck Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16134 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Carl Drucker Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16135 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Howard Chusid Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16136 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 250.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Marc Ben-Ezra Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16145 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 180.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Samuel Sered Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16146 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 150.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Andrea Palmer Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16147 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 150.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Barry Badner Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16148 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 125.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Mark Dennis Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16149 Date of Disbursement 06 / 12 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Lily Zablotzky Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16150 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Steven Kaplon Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16153 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Michael Dennis Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16154 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Stephen Clements Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16157 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 72.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Jorge Rodriguez Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16199 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 200.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Scott Bugay Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16156 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 0 6
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Laurie Baumel Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. ILEANA ROS-LEHTINEN		Transaction ID: SB23.16159 Date of Disbursement 06 / 29 / 2006
Mailing Address POST OFFICE BOX 52-2784		Amount of Each Disbursement this Period 100.00 [MEMO ITEM]
City MIAMI State FL Zip Code 33152		
Purpose of Disbursement check from Ruanne Spivak Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ros-Lehtinen for Congress		Transaction ID: SB23.16094 Date of Disbursement 06 / 06 / 2006
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City Miami State FL Zip Code 33152		
Purpose of Disbursement check from Karen Weinstein Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ros-Lehtinen for Congress		Transaction ID: SB23.16095 Date of Disbursement 06 / 06 / 2006
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City Miami State FL Zip Code 33152		
Purpose of Disbursement check from Kevin Lemmer Candidate Name ILEANA ROS-LEHTINEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input 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

Full Name (Last, First, Middle Initial) A. Ros-Lehtinen for Congress		Transaction ID: SB23.16096 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address PO Box 52-2784		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City Miami State FL Zip Code 33152		
Purpose of Disbursement check from Joshua Landes Candidate Name ILEANA ROS-LEHTINEN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 18 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEVEN R ROTHMAN		Transaction ID: SB23.16235 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 6
Mailing Address 18 MALTESE DRIVE		Amount of Each Disbursement this Period 3000.00 [MEMO ITEM]
City FAIR LAWN State NJ Zip Code 07410		
Purpose of Disbursement Candidate Name STEVEN R ROTHMAN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STEVEN R ROTHMAN		Transaction ID: SB23.15966 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 6
Mailing Address 18 MALTESE DRIVE		Amount of Each Disbursement this Period 1000.00 [MEMO ITEM]
City FAIR LAWN State NJ Zip Code 07410		
Purpose of Disbursement check from Arline Duker Candidate Name STEVEN R ROTHMAN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09 Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

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

Full Name (Last, First, Middle Initial) A. STEVEN R ROTHMAN		Transaction ID: SB23.15967 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2006
Mailing Address 18 MALTESE DRIVE		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City FAIR LAWN State NJ Zip Code 07410		
Purpose of Disbursement check from Ron Slevin Candidate Name STEVEN R ROTHMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) B. STEVEN R ROTHMAN		Transaction ID: SB23.15968 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2006
Mailing Address 18 MALTESE DRIVE		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City FAIR LAWN State NJ Zip Code 07410		
Purpose of Disbursement check from Richard Kahn Candidate Name STEVEN R ROTHMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

Full Name (Last, First, Middle Initial) C. STEVEN R ROTHMAN		Transaction ID: SB23.15969 Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2006
Mailing Address 18 MALTESE DRIVE		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City FAIR LAWN State NJ Zip Code 07410		
Purpose of Disbursement check from Janet Hoffman Candidate Name STEVEN R ROTHMAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type 011		

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
NORPAC

Full Name (Last, First, Middle Initial) A. STEVEN R ROTHMAN		Transaction ID: SB23.15970 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 18 MALTESE DRIVE		Amount of Each Disbursement this Period 500.00 [MEMO ITEM]
City FAIR LAWN State NJ Zip Code 07410		
Purpose of Disbursement check from Diane Belok Candidate Name STEVEN R ROTHMAN	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 09	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. ROBERT WEXLER		Transaction ID: SB23.16255 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 6 / 2 0 0 6
Mailing Address 2500 North Military Trail Suite 288		Amount of Each Disbursement this Period 250.00
City Boca Raton State FL Zip Code 33431		
Purpose of Disbursement Candidate Name ROBERT WEXLER	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	19250.00