

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

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

FOR LINE NUMBER: PAGE 78 / 154

(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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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) <b>A. William Weiss</b>		Date of Receipt M / D / Y 05 / 15 / 2005
Mailing Address 371 Cumberland Street		Transaction ID: SA11A1.13448
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer paperclip software	Occupation Executive	Chk written to Friends of Joe Lieberman  [MEMO ITEM]
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

Full Name (Last, First, Middle Initial) <b>B. Mitchell Weizner</b>		Date of Receipt M / D / Y 06 / 07 / 2005
Mailing Address 343 Starling Rd.		Transaction ID: SA11A1.13232
City Englewood	State NJ	Zip Code 07631
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer self	Occupation trader	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Weisan</b>		Date of Receipt M / D / Y 04 / 21 / 2005
Mailing Address 688 North Forest Drive		Transaction ID: SA11A1.13123
City Teaneck	State NJ	Zip Code 07666
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Self	Occupation Physician	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>490.00</b>
TOTAL This Period (last page this line number only) .....	