

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 11 OF 27                |
|   | <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. Mathi Fuchs**  
Full Name (Last, First, Middle Initial)

Mailing Address 8 Weber Road

City West Orange State NJ Zip Code 07052

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

Name of Employer Frank Crystal & Co. Occupation Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2015  
**Transaction ID : SA11AI.39317**

Amount of Each Receipt this Period  
 125.00

Mission

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

Mailing Address 285 Sunset Avenue

City Englewood State NJ Zip Code 07631

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

Name of Employer Self Occupation CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 12 / 2015  
**Transaction ID : SA11AI.39294**

Amount of Each Receipt this Period  
 250.00

Mission

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

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 ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2015  
**Transaction ID : SA11AI.39307**

Amount of Each Receipt this Period  
 5000.00

Donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5375.00

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