



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
NORPAC

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		491423.12
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	497873.49									
(c) Total Receipts (from Line 19) .....	25197.53	69669.61								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	523071.02	561092.73								
7. Total Disbursements (from Line 31) .....	6860.04	44881.75								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	516210.98	516210.98								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	19035.00	55935.00
(i) Itemized (use Schedule A) .....	5943.00	8658.00
(ii) Unitemized .....	24978.00	64593.00
(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) .....	24978.00	64593.00
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	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	44.10	44.10
17. Other Federal Receipts (Dividends, Interest, etc.) .....	175.43	5032.51
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)) .....	25197.53	69669.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	25197.53	69669.61

**DETAILED SUMMARY PAGE**

of Disbursements

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.....	6485.04	27697.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	6485.04	27697.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	16809.00
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 .....	375.00	375.00
(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)) .....	375.00	375.00
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))..	6860.04	44881.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6860.04	44881.75

**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) .....	24978.00	64593.00
34. Total Contribution Refunds (from Line 28(d)) .....	375.00	375.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24603.00	64218.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	6485.04	27697.75
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6485.04	27697.75

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 68

(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

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)  
Deborah Baron

Mailing Address 134 Minell Place

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Temporarily Unemployed HR Consulting

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.20677

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)  
Alan Berger

Mailing Address 24 Sutton Pl.

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  
0 2 / 1 3 / 2 0 0 8

Transaction ID: SA11AI.20785

Amount of Each Receipt this Period

250.00

credit card to Garrett for Congress

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Karen Berger

Mailing Address 14 Kinzel Ln

City State Zip Code  
West Orange NJ 07052

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 ▼  
475.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.20746

Amount of Each Receipt this Period

475.00

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

875.00

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

**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 7 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Harry Bernstein		Date of Receipt
	Mailing Address 28 Columbia Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Colonia	NJ	07067
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20669
Name of Employer Semple Bixel Assoc.		Occupation Fund Raiser	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	<input type="text"/> 250.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Sarah Biser		Date of Receipt
	Mailing Address 20 Falcon's Ridge Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Holmdel	NJ	07733
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20700
Name of Employer Postner & Rubin		Occupation attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 225.00	<input type="text"/> 100.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Yehuda Blinder		Date of Receipt
	Mailing Address 95 Dwight Pl		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20780
Name of Employer ADAR Investment Mgmt		Occupation Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> .00	<input type="text"/> 1000.00

check to Garrett for Congress

[MEMO ITEM]

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 350.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 / 68  
(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)  
Barbara Bortniker  
Mailing Address 4 Kinzel Lane  
City West Orange State NJ Zip Code 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 ▼ 250.00  
Date of Receipt 02 / 03 / 2008  
Transaction ID: SA11AI.20676  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Barbara Bortniker  
Mailing Address 4 Kinzel Lane  
City West Orange State NJ Zip Code 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 ▼ 325.00  
Date of Receipt 02 / 28 / 2008  
Transaction ID: SA11AI.20768  
Amount of Each Receipt this Period 75.00

**C.** Full Name (Last, First, Middle Initial)  
Ben Chouake  
Mailing Address 245 Hutchinson Rd.  
City Englewood State NJ Zip Code 07631  
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 ▼ 1800.00  
Date of Receipt 02 / 03 / 2008  
Transaction ID: SA11AI.20715  
Amount of Each Receipt this Period 1800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2125.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 68  
(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)  
Ben Chouake

Mailing Address 245 Hutchinson Rd.

City State Zip Code  
Englewood NJ 07631

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 ▼ 2125.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2008

**Transaction ID:** SA11AI.20716

Amount of Each Receipt this Period  
325.00

**B.** Full Name (Last, First, Middle Initial)  
Ben Chouake

Mailing Address 245 Hutchinson Rd.

City State Zip Code  
Englewood NJ 07631

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 ▼ 2125.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2008

**Transaction ID:** SA11AI.20779

Amount of Each Receipt this Period  
1000.00

credit card to Garrett for Congress

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Esther Chouake

Mailing Address 245 Hutchinson Rd.

City State Zip Code  
Englewood NJ 07631

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  
MM / DD / YYYY  
02 / 20 / 2008

**Transaction ID:** SA11AI.20838

Amount of Each Receipt this Period  
2000.00

credit card to Friends of Landrieu

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 325.00

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

# 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 10 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Cohain		Date of Receipt
	Mailing Address 363 Jones Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20710
Name of Employer Self		Occupation Dentist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/> 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Cohain		Date of Receipt
	Mailing Address 363 Jones Rd.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 7 / 2 0 0 8
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20711
Name of Employer Self		Occupation Dentist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Reuven Escott		Date of Receipt
	Mailing Address 55 Regent St.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 1 1 / 2 0 0 8
	City	State	Zip Code
	Bergenfield	NJ	07621
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.20783
Name of Employer Self		Occupation Securities Trader	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/> 125.00	check to Garrett for Congress
			<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 350.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) David Fishel	Date of Receipt MM / DD / YYYY 02 / 24 / 2008
	Mailing Address 348 Jones Rd.	Transaction ID: SA11AI.20811
	City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	check to the Reed Committee
	Name of Employer Self Occupation Financier	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mort Fridman	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 826 Winthrop Rd	Transaction ID: SA11AI.20784
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	credit card to Garrett for Congress
	Name of Employer Self Occupation MD	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mort Fridman	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 826 Winthrop Rd	Transaction ID: SA11AI.20815
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	credit card to the Reed Committee
	Name of Employer Self Occupation MD	<b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 12 / 68  
(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)  
Kenneth Friedman  
Mailing Address 470 Cape May St.  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation jewelry  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00  
Date of Receipt 02 / 04 / 2008  
Transaction ID: SA11AI.20680  
Amount of Each Receipt this Period 2500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Gartenberg  
Mailing Address 297 Ogden Ave.  
City Teaneck State NJ Zip Code 07666  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jupitermedia corp. Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00  
Date of Receipt 02 / 25 / 2008  
Transaction ID: SA11AI.20749  
Amount of Each Receipt this Period 275.00

**C.** Full Name (Last, First, Middle Initial)  
Jerry Gontownik  
Mailing Address 250 Mountain Rd.  
City Englewood State NJ Zip Code 07631  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Stone Post Realty Occupation Real Estate  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00  
Date of Receipt 02 / 24 / 2008  
Transaction ID: SA11AI.20702  
Amount of Each Receipt this Period 275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3050.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NORPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jerry Gontownik</p> <p>Mailing Address 250 Mountain Rd.</p> <p>City State Zip Code Englewood NJ 07631</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Stone Post Realty Real Estate</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">275.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 4 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.20782</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>credit card to Garrett for Congress</p> <p><b>[MEMO ITEM]</b></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Goodman</p> <p>Mailing Address 473 Winthrop Rd.</p> <p>City State Zip Code Teaneck NJ 07666</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Columbia University Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 4 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.20812</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>credit card to the Reed Committee</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Irene Gottesman</p> <p>Mailing Address 285 Sunset Ave</p> <p>City State Zip Code Englewood NJ 07631</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Self Real Estate</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">475.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 1 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.20739</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">475.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">475.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 68  
(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)  
Robert M. Gottesman

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

**Transaction ID:** SA11AI.20681

Amount of Each Receipt this Period  
500.00

**B.**

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

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 ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2008

**Transaction ID:** SA11AI.20787

Amount of Each Receipt this Period  
250.00

check to Garrett for Congress

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Reuben E. Gross

Mailing Address 1299 Wellington Ave.

City Teaneck State NJ Zip Code 07666

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

Name of Employer Self Occupation Psychologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 03 / 2008

**Transaction ID:** SA11AI.20674

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

# 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 15 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Reuben E. Gross	Date of Receipt MM / DD / YYYY 02 / 03 / 2008
	Mailing Address 1299 Wellington Ave.	<b>Transaction ID:</b> SA11AI.20675
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Self Occupation Psychologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) David Halpern	Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 8 Stonehenge Drive	<b>Transaction ID:</b> SA11AI.20842
	City State Zip Code Livingston NJ 07039	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Atlantic Realty Occupation Real Estate	check to Friends of Landr-ieu	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	<b>[MEMO ITEM]</b>

<b>C.</b>	Full Name (Last, First, Middle Initial) Gladys Halpern	Date of Receipt MM / DD / YYYY 02 / 19 / 2008
	Mailing Address 170 W. King St.	<b>Transaction ID:</b> SA11AI.20846
	City State Zip Code Hillside NJ 07205	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer n/a Occupation Homemaker	check to Friends of Landr-ieu	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 68

(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)

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 Occupation  
Atlantic Realty Real Estate

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

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.20835

Amount of Each Receipt this Period

2300.00

check to Friends of Landrieu

**[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 Occupation  
Atlantic Realty Real Estate

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

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.20837

Amount of Each Receipt this Period

2200.00

check to Friends of Landrieu

**[MEMO ITEM]**

**C.**

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 Occupation  
Atlantic Realty Real Estate

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

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.20806

Amount of Each Receipt this Period

2300.00

check to the Reed Committee

**[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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
NORPAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jack Halpern</p> <p>Mailing Address 160 W. 66th St.</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Atlantic Realty      Occupation Real Estate</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 2 4 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.20814</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">700.00</span></p> <p>check to the Reed Committ- ee</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Lieba Halpern</p> <p>Mailing Address 160 W. 66 St.</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer none      Occupation homemaker</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 1 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.20836</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2300.00</span></p> <p>check to Friends of Landr- ieu</p> <p><b>[MEMO ITEM]</b></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Lieba Halpern</p> <p>Mailing Address 160 W. 66 St.</p> <p>City State Zip Code New York NY 10023</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer none      Occupation homemaker</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 2 / 1 9 / 2 0 0 8</span></p> <p><b>Transaction ID:</b> SA11AI.20839</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1900.00</span></p> <p>check to Friends of Landr- ieu</p> <p><b>[MEMO ITEM]</b></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 68  
(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

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)  
Murray Halpern

Mailing Address 6 Thames Drive

City State Zip Code  
Livingston NJ 07039

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 Y  
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.20840

Amount of Each Receipt this Period  
1000.00

check to Friends of Landrieu

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Sam Halpern

Mailing Address 170 W King St

City State Zip Code  
Hillside NJ 07205

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

Name of Employer Atlantic Realty Occupation Real Estate Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 1 9 / 2 0 0 8

Transaction ID: SA11AI.20845

Amount of Each Receipt this Period  
500.00

check to Friends of Landrieu

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Barry Honig

Mailing Address 151 Deerfield Drive

City State Zip Code  
Tenafly NJ 07670

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

Name of Employer North Jersey Republicans Occupation executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 8

Transaction ID: SA11AI.20717

Amount of Each Receipt this Period  
275.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **275.00**

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

# 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 19 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mordecai Katz	Date of Receipt MM / DD / YYYY 02 / 24 / 2008
	Mailing Address 300 E. Linden Ave.	Transaction ID: SA11AI.20810
	City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	check to the Reed Committ- ee
Name of Employer Self Occupation Physician	<b>[MEMO ITEM]</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ .00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Joshua Landes	Date of Receipt MM / DD / YYYY 02 / 28 / 2008
	Mailing Address 740 W 232nd Street	Transaction ID: SA11AI.20828
	City State Zip Code Riverdale NY 10463	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. <b>C</b>	credit card to McCain 200- 8, Inc.
Name of Employer Wynnefield Capital Occupation Investment Management	<b>[MEMO ITEM]</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ .00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Eric Lankin	Date of Receipt MM / DD / YYYY 02 / 15 / 2008
	Mailing Address 139 North Sixth Avenue	Transaction ID: SA11AI.20734
	City State Zip Code Highland Park NJ 08904	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Jewish National Fund Occupation Chief of Education		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Aggregate Year-to-Date ▼ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**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 20 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Lebovics	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 156 Dwight Pl.	Transaction ID: SA11AI.20781
	City State Zip Code Englewood NJ 07631	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	check to Garrett for Congress
Name of Employer Self Occupation Physician	<b>[MEMO ITEM]</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin Lemmer	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 140 Downey Dr.	Transaction ID: SA11AI.20777
	City State Zip Code Tenafly NJ 07670	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	credit card to Garrett for Congress
Name of Employer ADAR Investment Management Occupation Portfolio Manager	<b>[MEMO ITEM]</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Aggregate Year-to-Date ▼ .00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Levin	Date of Receipt MM / DD / YYYY 02 / 11 / 2008
	Mailing Address 2 Chestnut Hill Rd	Transaction ID: SA11AI.20778
	City State Zip Code Manalapan NJ 07726	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	check to Garrett for Congress
Name of Employer Levin,Shea,Pfeffer & Topas, PA Occupation Attorney	<b>[MEMO ITEM]</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	Aggregate Year-to-Date ▼ .00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 68  
(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)  
Saul Levine

Mailing Address 604 Rutland Ave.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer Occupation  
Horizon Project Advisors Construction Consultant

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2008

Transaction ID: SA11AI.20732

Amount of Each Receipt this Period  
275.00

**B.** Full Name (Last, First, Middle Initial)  
Eliane Levy

Mailing Address 27 Prospect Rd

City State Zip Code  
Livingston NJ 07039

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

Name of Employer Occupation  
n/a Homemaker

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
02 / 05 / 2008

Transaction ID: SA11AI.20670

Amount of Each Receipt this Period  
325.00

**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) ▼ 2125.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

Transaction ID: SA11AI.20825

Amount of Each Receipt this Period  
2300.00

check to McCain 2008, Inc.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional) ..... ► 600.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 68  
(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)  
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) ▼ 2125.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

Transaction ID: SA11AI.20833

Amount of Each Receipt this Period  
1460.00

check to McCain 2008, Inc.

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Shari 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  
n/a Homemaker

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

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

Transaction ID: SA11AI.20826

Amount of Each Receipt this Period  
2300.00

check to McCain 2008, Inc.

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Shari 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  
n/a Homemaker

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

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2008

Transaction ID: SA11AI.20827

Amount of Each Receipt this Period  
2300.00

check to McCain 2008, Inc.

**[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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 68  
(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)  
Harley Lippman  
Mailing Address 1021 Park Ave. 7C  
City New York State NY Zip Code 10028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Tech Co. Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ .00  
Date of Receipt 02 / 27 / 2008  
Transaction ID: SA11AI.20843  
Amount of Each Receipt this Period 1000.00  
credit card to Friends of Landrieu  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
Josh Mallin  
Mailing Address 381 Forest Ave.  
City Woodmere State NY Zip Code 11598  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wegman & Myers Occupation Attorney  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 02 / 26 / 2008  
Transaction ID: SA11AI.20760  
Amount of Each Receipt this Period 225.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel Mondrow  
Mailing Address 280 Main St.  
City Metuchen State NJ Zip Code 08840  
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 ▼ 250.00  
Date of Receipt 02 / 27 / 2008  
Transaction ID: SA11AI.20765  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 475.00  
**TOTAL** This Period (last page this line number only) ..... ►

**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 24 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Carole Oshinsky		Date of Receipt
	Mailing Address 44 Beech Wood Ter		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Yonkers	NY	10705
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Nat'l Cntr 4 ChildrenInPo- verty		Occupation Editor	<b>Transaction ID:</b> SA11AI.20721
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="350.00"/>	<input type="text" value="250.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Gilad Ottensoser		Date of Receipt
	Mailing Address 285 Robin Rd		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Deutsche Bank Securities Inc.		Occupation Managing Director	<b>Transaction ID:</b> SA11AI.20786
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value=".00"/>	<input type="text" value="250.00"/>
credit card to Garrett for Congress			
<b>[MEMO ITEM]</b>			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey parker		Date of Receipt
	Mailing Address 269 Maple St.		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Parker Lamm		Occupation Real Estate	<b>Transaction ID:</b> SA11AI.20813
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value=".00"/>	<input type="text" value="1000.00"/>
check to the Reed Committ- ee			
<b>[MEMO ITEM]</b>			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="250.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 25 / 68  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
Jack Rosen

Mailing Address 18 E. 85th St

City State Zip Code  
New York NY 10028

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  
MM / DD / YYYY  
02 / 19 / 2008

Transaction ID: SA11AI.20844

Amount of Each Receipt this Period  
1000.00

check to Friends of Landrieu

**[MEMO ITEM]**

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

Mailing Address 300 Central Park West

City State Zip Code  
New York NY 10024

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  
MM / DD / YYYY  
02 / 19 / 2008

Transaction ID: SA11AI.20848

Amount of Each Receipt this Period  
200.00

check to Friends of Landrieu

**[MEMO ITEM]**

**C.** Full Name (Last, First, Middle Initial)  
Steve Schaffer

Mailing Address 261 Grayson Pl.

City State Zip Code  
Teaneck NJ 07666

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

Name of Employer IBM Occupation Software Architect

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
02 / 26 / 2008

Transaction ID: SA11AI.20757

Amount of Each Receipt this Period  
325.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **325.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 68  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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) Andrew Shechtel		Date of Receipt MM / DD / YYYY 02 / 27 / 2008
Mailing Address 33 Witherspoon 3rd floor		<b>Transaction ID:</b> SA11AI.20703
City Princeton	State NJ	Zip Code 08542
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer Self	Occupation Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**B.**

Full Name (Last, First, Middle Initial) Ricky Shechtel		Date of Receipt MM / DD / YYYY 02 / 27 / 2008
Mailing Address 33 Witherspoon St.		<b>Transaction ID:</b> SA11AI.20704
City Princeton	State NJ	Zip Code 08542
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00
Name of Employer none	Occupation housewife	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

**C.**

Full Name (Last, First, Middle Initial) Elliot Shulman		Date of Receipt MM / DD / YYYY 02 / 05 / 2008
Mailing Address 105 Dana Place		<b>Transaction ID:</b> SA11AI.20718
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 Self	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 27 / 68
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Elliot Shulman		Date of Receipt
	Mailing Address 105 Dana Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 5 / 2 0 0 8
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.20719
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 125.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 625.00	
<input type="checkbox"/> Other (specify) ▼			

<b>B.</b>	Full Name (Last, First, Middle Initial) Elliot Shulman		Date of Receipt
	Mailing Address 105 Dana Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 6 / 2 0 0 8
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.20673
Name of Employer Self		Occupation	Amount of Each Receipt this Period
Self		Physician	<input type="text"/> 75.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 700.00	
<input type="checkbox"/> Other (specify) ▼			

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra Solomon		Date of Receipt
	Mailing Address 210 Allison Ct.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 8 / 2 0 0 8
	City	State	Zip Code
	Englewood	NJ	07631
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.20695
Name of Employer best efforts used		Occupation	Amount of Each Receipt this Period
best efforts used		best efforts used	<input type="text"/> 360.00
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 360.00	
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 560.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 / 68  
(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)  
Anne Spring  
Mailing Address 15 Nottingham Rd.  
City West Orange State NJ Zip Code 07052  
FEC ID number of contributing federal political committee. **C**  
Name of Employer n/a Occupation Retired  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 02 / 28 / 2008  
Transaction ID: SA11AI.20707  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
David Steinberg  
Mailing Address 70-30 137 St.  
City Flushing State NY Zip Code 11367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer self Occupation Mortgage Broker  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 02 / 08 / 2008  
Transaction ID: SA11AI.20727  
Amount of Each Receipt this Period 200.00

**C.** Full Name (Last, First, Middle Initial)  
Trudy Stern  
Mailing Address 480 ocean ave  
City Lawrence State NY Zip Code 11559  
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 ▼ 400.00  
Date of Receipt 02 / 20 / 2008  
Transaction ID: SA11AI.20701  
Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 29 / 68  
(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)  
Moshael Straus  
 Mailing Address 140 S. Woodland St.  
 City Englewood State NJ Zip Code 07631  
 Date of Receipt 02 / 27 / 2008  
**Transaction ID:** SA11AI.20807  
 Amount of Each Receipt this Period 2300.00  
 check to the Reed Committee  
**[MEMO ITEM]**  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Multicare Management Occupation Executive  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date .00

**B.** Full Name (Last, First, Middle Initial)  
Moshael Straus  
 Mailing Address 140 S. Woodland St.  
 City Englewood State NJ Zip Code 07631  
 Date of Receipt 02 / 27 / 2008  
**Transaction ID:** SA11AI.20809  
 Amount of Each Receipt this Period 2300.00  
 check to the Reed Committee  
**[MEMO ITEM]**  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Multicare Management Occupation Executive  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date .00

**C.** Full Name (Last, First, Middle Initial)  
Leslie Tugetman  
 Mailing Address 612 West 232 Street  
 City Riverdale State NY Zip Code 10463  
 Date of Receipt 02 / 08 / 2008  
**Transaction ID:** SA11AI.20685  
 Amount of Each Receipt this Period 250.00  
 Name of Employer Self Occupation Interior Design  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 68  
(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)  
Lisa Wexler

Mailing Address 21 Poplar Plain Rd.

City State Zip Code  
Westport CT 06880

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 ▼ 325.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2008

Transaction ID: SA11AI.20745

Amount of Each Receipt this Period  
325.00

**B.** Full Name (Last, First, Middle Initial)  
Florence Wolf

Mailing Address 376 Central Ave, Apt 4B

City State Zip Code  
Lawrence NY 11559

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

Name of Employer N/A Occupation Retired

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2008

Transaction ID: SA11AI.20763

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 450.00

**TOTAL** This Period (last page this line number only) ..... ► 19035.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 31 / 68	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" 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) MCCONNELL SENATE COMMITTEE '08		Date of Receipt
Mailing Address PO BOX 1496		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2008"/>
City	State	Zip Code
LOUISVILLE	KY	40201
FEC ID number of contributing federal political committee.		Transaction ID: SA16.20773
<input type="text" value="C"/> <input type="text" value="C00193342"/>		Amount of Each Receipt this Period
Name of Employer		<input type="text" value="44.10"/>
Occupation		Refund of contribution over limit
Receipt For: 2008	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	<input type="text" value="44.10"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="44.10"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="44.10"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 68  
(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)  
Valley National Bank  
Mailing Address 1445 Valley Rd  
City State Zip Code  
Wayne NJ 07470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 4875.44  
Date of Receipt: 02 / 29 / 2008  
Transaction ID: SA17.20649  
Amount of Each Receipt this Period: 18.36  
Interest Income

**B.** Full Name (Last, First, Middle Initial)  
Valley National Bank  
Mailing Address 1445 Valley Rd  
City State Zip Code  
Wayne NJ 07470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5032.51  
Date of Receipt: 02 / 29 / 2008  
Transaction ID: SA17.20650  
Amount of Each Receipt this Period: 157.07  
Sweep Account Interest In-  
come

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.43
<b>TOTAL</b> This Period (last page this line number only) .....	▶	175.43

# 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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Noam Davidovics <hr/> Mailing Address 11 Westminster Pl 1st floor <hr/> City Passaic State NJ Zip Code 07055 <hr/> Purpose of Disbursement Payroll - IT Support - Disp # 20660 Candidate Name	Transaction ID: SB21B.22305 Date of Disbursement MM / DD / YYYY 02 / 15 / 2008 <hr/> Amount of Each Disbursement this Period 445.68

[MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) Joel Davidson <hr/> Mailing Address 25 Ellen Drive <hr/> City Rockaway State NJ Zip Code 07866 <hr/> Purpose of Disbursement January Travel Reimbursement Candidate Name	Transaction ID: SB21B.20653 Date of Disbursement MM / DD / YYYY 02 / 01 / 2008 <hr/> Amount of Each Disbursement this Period 250.16

<b>C.</b> Full Name (Last, First, Middle Initial) Joel Davidson <hr/> Mailing Address 25 Ellen Drive <hr/> City Rockaway State NJ Zip Code 07866 <hr/> Purpose of Disbursement Payroll - Treasurer - Disp # 20654 Candidate Name	Transaction ID: SB21B.22306 Date of Disbursement MM / DD / YYYY 02 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 1339.96

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	250.16
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Joel Davidson	Transaction ID: SB21B.22307 Date of Disbursement 02 / 20 / 2008
	Mailing Address 25 Ellen Drive	Amount of Each Disbursement this Period 1339.96
	City Rockaway State NJ Zip Code 07866	
	Purpose of Disbursement Payroll - Treasurer - Disp # 20663	[MEMO ITEM]
	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) ▼	

B.	Full Name (Last, First, Middle Initial) Joel Davidson	Transaction ID: SB21B.20668 Date of Disbursement 02 / 29 / 2008
	Mailing Address 25 Ellen Drive	Amount of Each Disbursement this Period 210.28
	City Rockaway State NJ Zip Code 07866	
	Purpose of Disbursement Travel Reimbursement Feb 08	[MEMO ITEM]
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Leonor Nunez	Transaction ID: SB21B.22308 Date of Disbursement 02 / 07 / 2008
	Mailing Address 526 Longview Ave	Amount of Each Disbursement this Period 215.82
	City Cliffside Park State NJ Zip Code 07010	
	Purpose of Disbursement Payroll - Bookkeeper - Disp 20655	[MEMO ITEM]
	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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	210.28
<b>TOTAL</b> 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Oxford Health Plans NJ, Inc.</p> <p>Mailing Address PO Box 1697</p> <p>City Newark State NJ Zip Code 07101</p> <p>Purpose of Disbursement Davidson Health Ins. March 08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.20662</p> <p>Date of Disbursement MM / DD / YYYY 02 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 485.51</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1551 S. Washington Ave.</p> <p>City Piscataway State NJ Zip Code 08854</p> <p>Purpose of Disbursement Davidson Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.20654</p> <p>Date of Disbursement MM / DD / YYYY 02 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 1339.96</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paychex</p> <p>Mailing Address 1551 S. Washington Ave.</p> <p>City Piscataway State NJ Zip Code 08854</p> <p>Purpose of Disbursement Nunez Payroll</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.20655</p> <p>Date of Disbursement MM / DD / YYYY 02 / 07 / 2008</p> <p>Amount of Each Disbursement this Period 215.82</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2041.29

**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

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20656
	Mailing Address 1551 S. Washington Ave.	Date of Disbursement MM / DD / YYYY 02 / 08 / 2008
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period 759.41
	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) ▼

B.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20657
	Mailing Address 1551 S. Washington Ave.	Date of Disbursement MM / DD / YYYY 02 / 11 / 2008
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period 207.15
	Purpose of Disbursement Service Charge 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) ▼

C.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20660
	Mailing Address 1551 S. Washington Ave.	Date of Disbursement MM / DD / YYYY 02 / 15 / 2008
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period 445.68
	Purpose of Disbursement Davidovics Payroll 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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1412.24
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20663
	Mailing Address 1551 S. Washington Ave.	Date of Disbursement 02 / 20 / 2008
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period 1339.96
	Purpose of Disbursement Davidson Payroll	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:	

B.	Full Name (Last, First, Middle Initial) Paychex	Transaction ID: SB21B.20664
	Mailing Address 1551 S. Washington Ave.	Date of Disbursement 02 / 22 / 2008
	City Piscataway State NJ Zip Code 08854	Amount of Each Disbursement this Period 570.82
	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:	

C.	Full Name (Last, First, Middle Initial) paypal	Transaction ID: SB21B.20651
	Mailing Address PO Box 45950	Date of Disbursement 02 / 29 / 2008
	City Omaha State NE Zip Code 68145	Amount of Each Disbursement this Period 319.43
	Purpose of Disbursement Paypal Fee	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2230.21
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Rockaway BP	Transaction ID: SB21B.22362
	Mailing Address 51 Hibernia Ave	Date of Disbursement MM / DD / YYYY 02 / 01 / 2008
	City Rockaway State NJ Zip Code 07866	Amount of Each Disbursement this Period 23.75
	Purpose of Disbursement gas purchased 1/5/08	[MEMO ITEM]
	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:	

B.	Full Name (Last, First, Middle Initial) Rockaway BP	Transaction ID: SB21B.22363
	Mailing Address 51 Hibernia Ave	Date of Disbursement MM / DD / YYYY 02 / 01 / 2008
	City Rockaway State NJ Zip Code 07866	Amount of Each Disbursement this Period 24.41
	Purpose of Disbursement gas purchased 1/31/08	[MEMO ITEM]
	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:	

C.	Full Name (Last, First, Middle Initial) Rockaway BP	Transaction ID: SB21B.22364
	Mailing Address 51 Hibernia Ave	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City Rockaway State NJ Zip Code 07866	Amount of Each Disbursement this Period 26.37
	Purpose of Disbursement gas purchased 2/3/08	[MEMO ITEM]
	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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)

PAGE 39 / 68

<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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Rockaway BP</p> <p>Mailing Address 51 Hibernia Ave</p> <p>City Rockaway State NJ Zip Code 07866</p> <p>Purpose of Disbursement gas purchased 2/15/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22365</p> <p>Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 19.67</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Rockaway BP</p> <p>Mailing Address 51 Hibernia Ave</p> <p>City Rockaway State NJ Zip Code 07866</p> <p>Purpose of Disbursement gas purchased 2/21/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22366</p> <p>Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 30.77</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Triangle Exxon</p> <p>Mailing Address 2151 Lemoine Ave</p> <p>City Fort Lee State NJ Zip Code 07024</p> <p>Purpose of Disbursement gas purchased 1/2/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22367</p> <p>Date of Disbursement 02 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 25.89</p> <p><b>[MEMO ITEM]</b></p>

**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 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Triangle Exxon</p> <p>Mailing Address 2151 Lemoine Ave</p> <p>City Fort Lee State NJ Zip Code 07024</p> <p>Purpose of Disbursement gas purchased 1/9/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22368</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="27.00"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Triangle Exxon</p> <p>Mailing Address 2151 Lemoine Ave</p> <p>City Fort Lee State NJ Zip Code 07024</p> <p>Purpose of Disbursement gas purchased 1/11/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22369</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.82"/></p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Triangle Exxon</p> <p>Mailing Address 2151 Lemoine Ave</p> <p>City Fort Lee State NJ Zip Code 07024</p> <p>Purpose of Disbursement gas purchased 1/14/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22370</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.01"/></p> <p><b>[MEMO ITEM]</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="0.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# 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

<b>A.</b> Full Name (Last, First, Middle Initial) Triangle Exxon Mailing Address 2151 Lemoine Ave City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement gas purchased 1/16/08 Candidate Name	Transaction ID: SB21B.22371 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 31.14 [MEMO ITEM]
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) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Triangle Exxon Mailing Address 2151 Lemoine Ave City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement gas purchased 1/21/08 Candidate Name	Transaction ID: SB21B.22372 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 30.71 [MEMO ITEM]
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) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Triangle Exxon Mailing Address 2151 Lemoine Ave City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement gas purchased 1/25/08 Candidate Name	Transaction ID: SB21B.22373 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period 28.43 [MEMO ITEM]
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) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Triangle Exxon</p> <p>Mailing Address 2151 Lemoine Ave</p> <p>City Fort Lee State NJ Zip Code 07024</p> <p>Purpose of Disbursement gas purchased 2/7/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22374</p> <p><b>Date of Disbursement</b> 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 27.44</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Triangle Exxon</p> <p>Mailing Address 2151 Lemoine Ave</p> <p>City Fort Lee State NJ Zip Code 07024</p> <p>Purpose of Disbursement gas purchased 2/11/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22375</p> <p><b>Date of Disbursement</b> 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 27.21</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Triangle Exxon</p> <p>Mailing Address 2151 Lemoine Ave</p> <p>City Fort Lee State NJ Zip Code 07024</p> <p>Purpose of Disbursement gas purchased 2/13/08</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB21B.22376</p> <p><b>Date of Disbursement</b> 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 19.75</p> <p><b>[MEMO ITEM]</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Triangle Exxon Mailing Address 2151 Lemoine Ave City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement gas purchased 2/26/08 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) ▼	Transaction ID: SB21B.22377 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 28.45 [MEMO ITEM]
	Category/Type	

<b>B.</b> Full Name (Last, First, Middle Initial) Triangle Exxon Mailing Address 2151 Lemoine Ave City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement gas purchased 2/29/08 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) ▼	Transaction ID: SB21B.22378 Date of Disbursement 02 / 29 / 2008 Amount of Each Disbursement this Period 29.92 [MEMO ITEM]
	Category/Type	

<b>C.</b> Full Name (Last, First, Middle Initial) Valley National Bank Mailing Address 1445 Valley Rd City Wayne State NJ Zip Code 07470 Purpose of Disbursement Credit Card Payment 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) ▼	Transaction ID: SB21B.20661 Date of Disbursement 02 / 18 / 2008 Amount of Each Disbursement this Period 42.50
	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	42.50
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) Valley National Bank	Transaction ID: SB21B.20647
	Mailing Address 1445 Valley Rd	Date of Disbursement MM / DD / YYYY 02 / 29 / 2008
	City Wayne State NJ Zip Code 07470	Amount of Each Disbursement this Period 196.68
	Purpose of Disbursement Credit Card Processing Fee	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) ▼

B.	Full Name (Last, First, Middle Initial) Verizon wireless	Transaction ID: SB21B.20665
	Mailing Address PO Box 17120	Date of Disbursement MM / DD / YYYY 02 / 27 / 2008
	City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period 101.68
	Purpose of Disbursement Phone Service	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	298.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	6485.04

# 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

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST  
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement  
check from Jack Halpern

Candidate Name  
MARY L LANDRIEU

Office Sought:  House  
 Senate  
 President  
State: LA District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.20850  
Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST  
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement  
check from Lieba Halpern

Candidate Name  
MARY L LANDRIEU

Office Sought:  House  
 Senate  
 President  
State: LA District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.20851  
Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MARY LANDRIEU INC

Mailing Address 650 POYDRAS ST  
SUITE 1434

City NEW ORLEANS State LA Zip Code 70130

Purpose of Disbursement  
check from Jack Halpern

Candidate Name  
MARY L LANDRIEU

Office Sought:  House  
 Senate  
 President  
State: LA District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.20852  
Date of Disbursement

02 / 19 / 2008

Amount of Each Disbursement this Period

2200.00

[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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.20854 Date of Disbursement
	Mailing Address 650 POYDRAS ST SUITE 1434	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NEW ORLEANS State LA Zip Code 70130	Amount of Each Disbursement this Period
	Purpose of Disbursement check from Lieba Halpern	<input type="text" value="1900.00"/>
	Candidate Name MARY L LANDRIEU	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.20855 Date of Disbursement
	Mailing Address 650 POYDRAS ST SUITE 1434	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NEW ORLEANS State LA Zip Code 70130	Amount of Each Disbursement this Period
	Purpose of Disbursement check from Murray Halpern	<input type="text" value="1000.00"/>
	Candidate Name MARY L LANDRIEU	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.20856 Date of Disbursement
	Mailing Address 650 POYDRAS ST SUITE 1434	<input type="text" value="02"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City NEW ORLEANS State LA Zip Code 70130	Amount of Each Disbursement this Period
	Purpose of Disbursement check from David Halpern	<input type="text" value="1000.00"/>
	Candidate Name MARY L LANDRIEU	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....

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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.20858 Date of Disbursement 02 / 19 / 2008
	Mailing Address 650 POYDRAS ST SUITE 1434	Amount of Each Disbursement this Period 1000.00
	City NEW ORLEANS State LA Zip Code 70130	
	Purpose of Disbursement check from Jack Rosen Candidate Name MARY L LANDRIEU Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.20859 Date of Disbursement 02 / 19 / 2008
	Mailing Address 650 POYDRAS ST SUITE 1434	Amount of Each Disbursement this Period 500.00
	City NEW ORLEANS State LA Zip Code 70130	
	Purpose of Disbursement check from Sam Halpern Candidate Name MARY L LANDRIEU Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.20860 Date of Disbursement 02 / 19 / 2008
	Mailing Address 650 POYDRAS ST SUITE 1434	Amount of Each Disbursement this Period 500.00
	City NEW ORLEANS State LA Zip Code 70130	
	Purpose of Disbursement check from Gladys Halpern Candidate Name MARY L LANDRIEU Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	011 Category/ Type
	Disbursement For: 2008 <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

A.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.20861 Date of Disbursement 02 / 19 / 2008
	Mailing Address 650 POYDRAS ST SUITE 1434	Amount of Each Disbursement this Period 200.00
	City NEW ORLEANS State LA Zip Code 70130	
	Purpose of Disbursement check from Michael Ross	011 Category/ Type
	Candidate Name MARY L LANDRIEU	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.20853 Date of Disbursement 02 / 20 / 2008
	Mailing Address 650 POYDRAS ST SUITE 1434	Amount of Each Disbursement this Period 2000.00
	City NEW ORLEANS State LA Zip Code 70130	
	Purpose of Disbursement credit card from Esther Chouake	011 Category/ Type
	Candidate Name MARY L LANDRIEU	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FRIENDS OF MARY LANDRIEU INC	Transaction ID: SB23.20857 Date of Disbursement 02 / 27 / 2008
	Mailing Address 650 POYDRAS ST SUITE 1434	Amount of Each Disbursement this Period 1000.00
	City NEW ORLEANS State LA Zip Code 70130	
	Purpose of Disbursement credit card from Harley Lippman	011 Category/ Type
	Candidate Name MARY L LANDRIEU	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 00	Disbursement For: 2008 <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

**A.** Full Name (Last, First, Middle Initial)  
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement credit card from Kevin Lemmer

Candidate Name E SCOTT GARRETT

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: NJ District: 05

Transaction ID: SB23.20789  
Date of Disbursement 02 / 11 / 2008

Amount of Each Disbursement this Period 2000.00

011 Category/Type

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement check from Michael Levin

Candidate Name E SCOTT GARRETT

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: NJ District: 05

Transaction ID: SB23.20790  
Date of Disbursement 02 / 11 / 2008

Amount of Each Disbursement this Period 1000.00

011 Category/Type

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
GARRETT FOR CONGRESS

Mailing Address 100 POND SCHOOL ROAD

City SUSSEX State NJ Zip Code 07461

Purpose of Disbursement credit card from Ben Chouake

Candidate Name E SCOTT GARRETT

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: NJ District: 05

Transaction ID: SB23.20791  
Date of Disbursement 02 / 11 / 2008

Amount of Each Disbursement this Period 1000.00

011 Category/Type

[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

A.	Full Name (Last, First, Middle Initial) GARRETT FOR CONGRESS	Transaction ID: SB23.20792 Date of Disbursement 02 / 11 / 2008
	Mailing Address 100 POND SCHOOL ROAD	Amount of Each Disbursement this Period 1000.00
	City SUSSEX State NJ Zip Code 07461	
	Purpose of Disbursement check from Yehuda Blinder Candidate Name E SCOTT GARRETT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) GARRETT FOR CONGRESS	Transaction ID: SB23.20794 Date of Disbursement 02 / 11 / 2008
	Mailing Address 100 POND SCHOOL ROAD	Amount of Each Disbursement this Period 500.00
	City SUSSEX State NJ Zip Code 07461	
	Purpose of Disbursement check from Robert Lebovics Candidate Name E SCOTT GARRETT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) GARRETT FOR CONGRESS	Transaction ID: SB23.20797 Date of Disbursement 02 / 11 / 2008
	Mailing Address 100 POND SCHOOL ROAD	Amount of Each Disbursement this Period 500.00
	City SUSSEX State NJ Zip Code 07461	
	Purpose of Disbursement check from Reuven Escott Candidate Name E SCOTT GARRETT Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) GARRETT FOR CONGRESS	Transaction ID: SB23.20802 Date of Disbursement 02 / 11 / 2008
	Mailing Address 100 POND SCHOOL ROAD	Amount of Each Disbursement this Period 250.00
	City SUSSEX State NJ Zip Code 07461	
	Purpose of Disbursement check from Robert Gottesman	011 Category/ Type
	Candidate Name E SCOTT GARRETT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) GARRETT FOR CONGRESS	Transaction ID: SB23.20799 Date of Disbursement 02 / 12 / 2008
	Mailing Address 100 POND SCHOOL ROAD	Amount of Each Disbursement this Period 500.00
	City SUSSEX State NJ Zip Code 07461	
	Purpose of Disbursement credit card from Mort Fridman	011 Category/ Type
	Candidate Name GARRETT FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) GARRETT FOR CONGRESS	Transaction ID: SB23.20800 Date of Disbursement 02 / 13 / 2008
	Mailing Address 100 POND SCHOOL ROAD	Amount of Each Disbursement this Period 250.00
	City SUSSEX State NJ Zip Code 07461	
	Purpose of Disbursement credit card from Alan Berger	011 Category/ Type
	Candidate Name E SCOTT GARRETT	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> 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

A.	Full Name (Last, First, Middle Initial) GARRETT FOR CONGRESS	Transaction ID: SB23.20795 Date of Disbursement
	Mailing Address 100 POND SCHOOL ROAD	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City SUSSEX State NJ Zip Code 07461	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card from Jerry Gontownik	<input type="text" value="500.00"/>
	Candidate Name E SCOTT GARRETT	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GARRETT FOR CONGRESS	Transaction ID: SB23.20801 Date of Disbursement
	Mailing Address 100 POND SCHOOL ROAD	<input type="text" value="02"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City SUSSEX State NJ Zip Code 07461	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card from Gilad Ottensofer	<input type="text" value="250.00"/>
	Candidate Name E SCOTT GARRETT	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC.	Transaction ID: SB23.20829 Date of Disbursement
	Mailing Address PO BOX 16118	<input type="text" value="02"/> <input type="text" value="06"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement check from Nathan Lindenbaum	<input type="text" value="2300.00"/>
	Candidate Name JOHN S MCCAIN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00	[MEMO ITEM]
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....

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

<b>A.</b> Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC. <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement check from Shari Lindenbaum Candidate Name JOHN S MCCAIN Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20830 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00 [MEMO ITEM]

<b>B.</b> Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC. <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement check from Shari Lindenbaum Candidate Name JOHN S MCCAIN Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20831 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 2300.00 [MEMO ITEM]

<b>C.</b> Full Name (Last, First, Middle Initial) JOHN MCCAIN 2008 INC. <hr/> Mailing Address PO BOX 16118 <hr/> City ARLINGTON State VA Zip Code 22215 <hr/> Purpose of Disbursement check from Nathan Lindenbaum Candidate Name JOHN S MCCAIN Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.20834 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 8
	Amount of Each Disbursement this Period 1460.00 [MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> 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

A.

Full Name (Last, First, Middle Initial)  
JOHN MCCAIN 2008 INC.

Mailing Address PO BOX 16118

City ARLINGTON State VA Zip Code 22215

Purpose of Disbursement  
credit card from Joshua Landes

Candidate Name  
JOHN S MCCAIN

Office Sought:  House  
 Senate  
 President  
State: District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.20832  
Date of Disbursement

02 / 28 / 2008

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)  
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement  
check from Jack Halpern

Candidate Name  
JACK REED

Office Sought:  House  
 Senate  
 President  
State: RI District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.20816  
Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

2300.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)  
REED COMMITTEE

Mailing Address PO BOX 8628

City CRANSTON State RI Zip Code 02920

Purpose of Disbursement  
check from Mordecai Katz

Candidate Name  
JACK REED

Office Sought:  House  
 Senate  
 President  
State: RI District: 00

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: SB23.20819  
Date of Disbursement

02 / 24 / 2008

Amount of Each Disbursement this Period

2000.00

[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

A.	Full Name (Last, First, Middle Initial) REED COMMITTEE	Transaction ID: SB23.20820 Date of Disbursement
	Mailing Address PO BOX 8628	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City CRANSTON State RI Zip Code 02920	Amount of Each Disbursement this Period
	Purpose of Disbursement check from David Fishel	<input type="text" value="1000.00"/>
	Candidate Name JACK REED	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) REED COMMITTEE	Transaction ID: SB23.20821 Date of Disbursement
	Mailing Address PO BOX 8628	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City CRANSTON State RI Zip Code 02920	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card from Robert Goodman	<input type="text" value="1000.00"/>
	Candidate Name JACK REED	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) REED COMMITTEE	Transaction ID: SB23.20822 Date of Disbursement
	Mailing Address PO BOX 8628	<input type="text" value="02"/> <input type="text" value="24"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City CRANSTON State RI Zip Code 02920	Amount of Each Disbursement this Period
	Purpose of Disbursement check from Jeffrey Parker	<input type="text" value="1000.00"/>
	Candidate Name JACK REED	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00	[MEMO ITEM]
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) REED COMMITTEE</p> <p>Mailing Address PO BOX 8628</p> <p>City CRANSTON State RI Zip Code 02920</p> <p>Purpose of Disbursement check from Jack Halpern</p> <p>Candidate Name JACK REED</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.20823 <b>Date of Disbursement</b> 02 / 24 / 2008</p> <p>Amount of Each Disbursement this Period 700.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) REED COMMITTEE</p> <p>Mailing Address PO BOX 8628</p> <p>City CRANSTON State RI Zip Code 02920</p> <p>Purpose of Disbursement credit card from Mort Fridman</p> <p>Candidate Name JACK REED</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.20824 <b>Date of Disbursement</b> 02 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) REED COMMITTEE</p> <p>Mailing Address PO BOX 8628</p> <p>City CRANSTON State RI Zip Code 02920</p> <p>Purpose of Disbursement check from Moshael Straus</p> <p>Candidate Name JACK REED</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.20817 <b>Date of Disbursement</b> 02 / 27 / 2008</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><b>[MEMO ITEM]</b></p>

**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

A.	Full Name (Last, First, Middle Initial) REED COMMITTEE		Transaction ID: SB23.20818	
	Mailing Address PO BOX 8628		Date of Disbursement MM / DD / YYYY 02 / 27 / 2008	
	City CRANSTON	State RI	Zip Code 02920	Amount of Each Disbursement this Period 2300.00
	Purpose of Disbursement check from Moshael Straus		011	[MEMO ITEM]
	Candidate Name JACK REED		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: RI	District: 00		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	0.00

**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 58 / 68

<input 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 checked="" 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

A.	Full Name (Last, First, Middle Initial) David Weinstock	Transaction ID: SB28A.20667
	Mailing Address 253 Broadway	Date of Disbursement 02 / 29 / 2008
	City Lynbrook State NY Zip Code 11563	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Refund of S.Corp Donation	
	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) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	250.00

**Image# 28932111980**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22362**

Joel Davidson travel expenses, reimbursed on 2/1/08, Disp #20653

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22363**

Joel Davidson travel expenses, reimbursed on 2/1/08, Disp #20653

\*\*\*\*\*

**Image# 28932111981**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22364**

Joel Davidson travel expenses, reimbursed on 2/29/08, Disp #20668

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22365**

Joel Davidson travel expenses, reimbursed on 2/29/08, Disp #20668

\*\*\*\*\*

**Image# 28932111982**

Form/Schedule: **SB21B**  
Transaction ID: **SB21B.22366**

Joel Davidson travel expenses, reimbursed on 2/29/08, Disp #20668

Form/Schedule: **SB21B**  
Transaction ID: **SB21B.22367**

Joel Davidson travel expenses, reimbursed on 2/1/08, Disp #20653

\*\*\*\*\*

**Image# 28932111983**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22368**

Joel Davidson travel expenses, reimbursed on 2/1/08, Disp #20653

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22369**

Joel Davidson travel expenses, reimbursed on 2/1/08, Disp #20653

\*\*\*\*\*

**Image# 28932111984**

Form/Schedule: **SB21B**  
Transaction ID: **SB21B.22370**

Joel Davidson travel expenses, reimbursed on 2/1/08, Disp #20653

Form/Schedule: **SB21B**  
Transaction ID: **SB21B.22371**

Joel Davidson travel expenses, reimbursed on 2/1/08, Disp #20653

\*\*\*\*\*

**Image# 28932111985**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22372**

Joel Davidson travel expenses, reimbursed on 2/1/08, Disp #20653

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22373**

Joel Davidson travel expenses, reimbursed on 2/1/08, Disp #20653

\*\*\*\*\*

**Image# 28932111986**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22374**

Joel Davidson travel expenses, reimbursed on 2/29/08, Disp #20668

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22375**

Joel Davidson travel expenses, reimbursed on 2/29/08, Disp #20668

\*\*\*\*\*

**Image# 28932111987**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22376**

Joel Davidson travel expenses, reimbursed on 2/29/08, Disp #20668

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22377**

Joel Davidson travel expenses, reimbursed on 2/29/08, Disp #20668

\*\*\*\*\*

**Image# 28932111988**

Form/Schedule: **SB21B**

Transaction ID: **SB21B.22378**

Joel Davidson travel expenses, reimbursed on 2/29/08, Disp #20668

Form/Schedule: **SB23**

Transaction ID: **SB23.20829**

Sent to John McCain 2008 with a letter stating 'we request that the McCain 2008 committee refund Mr. Lindenbaum \$840, which is the amount he donated to McCain Exploratory in December 2006 (Etzioni Partners check #1348) and which combined with his new donation would otherwise cause an excess contribution.'

\*\*\*\*\*

Image# 28932111989

Form/Schedule: **SB28A**

Transaction ID: **SB28A.20667**

It was discovered that check #6358 for \$250 received 1/14/08 and deposited in January was from an S Corp, 'David Weinstock M.D.P.C.' After consultation with Dorothy Yeager of the FEC Info Division on 2/28/08, NORPAC fully refunded David Weinstock M.D.P.C. with check #994 on 2/29/08.

\*\*\*\*\*