

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

NORPAC

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

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00247403

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT**
(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report(Q1)
- July 15 Quarterly Report(Q2)
- October 15 Quarterly Report(Q3)
- January 31 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input checked="" type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day Post -Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 02 01 2009 through 02 28 2009

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

Type or Print Name of Treasurer Karen Pichkhadze

Signature of Treasurer Electronically Filed by Karen Pichkhadze Date 10 21 2009

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

The aggregate year-to-date totals on Schedule A show the total contributions from individuals that were received by the PAC in that year. Earmarked donations for campaigns (NORPAC acting as a conduit) entered as memos are not included in the aggregate totals. Therefore the aggregate year-to-date total may appear incorrect (as it is often less than the total earmark) but it is actually recorded and calculated correctly. The NORPAC Annual Mission to Washington DC trip consists of citizen activists meeting with hundreds of members of Congress to discuss legislation. No mission expenditures on Schedule B are on behalf of specifically identified federal candidates and therefore no additional information needs to be disclosed on Schedule B or E. The NORPAC Annual Mission to Washington DC trip consists of citizen activists meeting with hundreds of members of Congress to discuss legislation. Any public communications such as ads are designed to recruit members to the mission and do not express advocacy or voter driver activity for any Federal candidates. Therefore no additional information needs to be disclosed on Schedule B or E

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	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		455323.41
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	463397.93									
(c) Total Receipts (from Line 19)	42962.48	56411.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	506360.41	511734.84								
7. Total Disbursements (from Line 31)	16364.58	21739.01								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	489995.83	489995.83								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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	9

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A)	36671.50	44853.50
(ii) Unitemized	4320.00	8719.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	40991.50	53572.50
(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)	40991.50	53572.50
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	449.78
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1970.98	2389.15
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))	42962.48	56411.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42962.48	56411.43

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

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.....	16364.58	18739.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	16364.58	18739.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	2000.00
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	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 Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
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))..	16364.58	21739.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16364.58	21739.01

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	40991.50	53572.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	40991.50	53572.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	16364.58	18739.01
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	449.78
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16364.58	18289.23

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 24
(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) Harry Bernstein		Date of Receipt MM / DD / YYYY 02 / 24 / 2009
Mailing Address 28 Columbia Ave.		Transaction ID: SA11AI.23886
City Colonia	State NJ	Zip Code 07067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer Semple Bixel Assoc.	Occupation Fund Raiser	mission
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) Saul Bienenfeld		Date of Receipt MM / DD / YYYY 02 / 18 / 2009
Mailing Address 5 Weyant Drive		Transaction ID: SA11AI.23869
City Cedarhurst	State NJ	Zip Code 11516
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 325.00
Name of Employer Self	Occupation Attorney	Mission
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

C.

Full Name (Last, First, Middle Initial) Stuart Cole		Date of Receipt MM / DD / YYYY 02 / 27 / 2009
Mailing Address 2526 Stafford Pl.		Transaction ID: SA11AI.24000
City Columbus	State OH	Zip Code 43209
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	mission
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	925.00
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 8 / 24
(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 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 none Occupation homemaker
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00
Date of Receipt 02 / 24 / 2009
Transaction ID: SA11AI.23890
Amount of Each Receipt this Period 275.00
mission

B. Full Name (Last, First, Middle Initial)
Robert Goodman
Mailing Address 473 Winthrop Rd.
City Teaneck State NJ Zip Code 07666
FEC ID number of contributing federal political committee. **C**
Name of Employer Columbia University Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1925.00
Date of Receipt 02 / 27 / 2009
Transaction ID: SA11AI.23906
Amount of Each Receipt this Period 1925.00
mission

C. Full Name (Last, First, Middle Initial)
Jack Halpern
Mailing Address 160 W. 66th St.
City New York State NY Zip Code 10023
FEC ID number of contributing federal political committee. **C**
Name of Employer Atlantic Realty Occupation Real Estate
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 12 / 2009
Transaction ID: SA11AI.23861
Amount of Each Receipt this Period 4875.00
Membership

SUBTOTAL of Receipts This Page (optional) ► 7075.00
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 / 24
(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)
Marc Hanfling

Mailing Address 47 Leslie St.

City Edison State NJ Zip Code 08817

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 / 05 / 2009

Transaction ID: SA11AI.23852

Amount of Each Receipt this Period 250.00

Mission

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

Mailing Address 151 Deerfield Drive

City Tenafly State NJ Zip Code 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 02 / 04 / 2009

Transaction ID: SA11AI.23850

Amount of Each Receipt this Period 275.00

Mission

C. Full Name (Last, First, Middle Initial)
Leon Kozak

Mailing Address 280 Jones Rd.

City Englewood State NJ Zip Code 07631

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 ▼ 5000.00

Date of Receipt 02 / 09 / 2009

Transaction ID: SA11AI.23946

Amount of Each Receipt this Period 5000.00

donation

SUBTOTAL of Receipts This Page (optional) 5525.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 24
(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)
Rosalyn Kozak
 Mailing Address 280 Jones Rd.
 City Englewood State NJ Zip Code 07632
 Date of Receipt 02 / 03 / 2009
Transaction ID: SA11AI.24001
 Amount of Each Receipt this Period 5000.00
 membership
 FEC ID number of contributing federal political committee. C
 Name of Employer Englewood Hospital Occupation MD
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 5000.00

B. Full Name (Last, First, Middle Initial)
Daniel Mondrow
 Mailing Address 280 Main St.
 City Metuchen State NJ Zip Code 08840
 Date of Receipt 02 / 23 / 2009
Transaction ID: SA11AI.23883
 Amount of Each Receipt this Period 250.00
 mission
 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

C. Full Name (Last, First, Middle Initial)
David Moskovic
 Mailing Address 22 Brookfall Road
 City Edison State NJ Zip Code 08810
 Date of Receipt 02 / 25 / 2009
Transaction ID: SA11AI.23984
 Amount of Each Receipt this Period 250.00
 mission
 FEC ID number of contributing federal political committee. C
 Name of Employer DTCC Occupation Systems Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

SUBTOTAL of Receipts This Page (optional) ► 5500.00
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 11 / 24
	<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) sy oshinsky		Date of Receipt
	Mailing Address 44 beechwood terrace		<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 / 0 1 / 2 0 0 9
	City	State	Zip Code
	Yonkers	NY	10705
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.23844
Name of Employer retired		Occupation retired	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"/> 350.00
			Mission

B.	Full Name (Last, First, Middle Initial) Ruth Roth		Date of Receipt
	Mailing Address 597 Rutland 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 0 2 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Teaneck	NJ	07666
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.23985
Name of Employer Self		Occupation Freelance Consultant	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"/> 300.00
			mission

C.	Full Name (Last, First, Middle Initial) Ronald Rubin		Date of Receipt
	Mailing Address 3530 Henry Hudson Pkwy Apt 3J		<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 2 / 2 0 0 9
	City	State	Zip Code
	Bronx	NY	10463
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.23878
Name of Employer CUNY		Occupation Educator	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
			mission

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 24
(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)
Sheryl Schainker
Mailing Address 713 Norma Ct.
City Teaneck State NJ Zip Code 07666
FEC ID number of contributing federal political committee. **C**
Name of Employer Holy Name Hospital Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 02 / 02 / 2009
Transaction ID: SA11AI.23846
Amount of Each Receipt this Period 225.00
Mission

B. Full Name (Last, First, Middle Initial)
Henry Schanzer
Mailing Address 29 Brookfall Road
City Edison State NJ Zip Code 08817
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 ▼ 225.00
Date of Receipt 02 / 09 / 2009
Transaction ID: SA11AI.23858
Amount of Each Receipt this Period 225.00
Mission

C. Full Name (Last, First, Middle Initial)
Miriam Schenker
Mailing Address 464 Maitland Ave
City Teaneck State NJ Zip Code 07631
FEC ID number of contributing federal political committee. **C**
Name of Employer Self Occupation Office Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 02 / 04 / 2009
Transaction ID: SA11AI.23947
Amount of Each Receipt this Period 400.00
donation

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

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 24
(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)
Stanley Scher

Mailing Address 3333 Henry Hudson Pkwy
Apt 20 J

City State Zip Code
Bronx NY 10463

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

Name of Employer none Occupation Retired

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 03 / 2009

Transaction ID: SA11AI.23849

Amount of Each Receipt this Period: 125.00

Mission

B. Full Name (Last, First, Middle Initial)
Andrew Shechtel

Mailing Address 33 Witherspoon
3rd floor

City State Zip Code
Princeton NJ 08542

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

Name of Employer Self Occupation Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
02 / 12 / 2009

Transaction ID: SA11AI.23862

Amount of Each Receipt this Period: 5000.00

Membership

C. Full Name (Last, First, Middle Initial)
Ricky Shechtel

Mailing Address 33 Witherspoon St.

City State Zip Code
Princeton NJ 08542

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

Name of Employer none Occupation housewife

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: MM / DD / YYYY
02 / 12 / 2009

Transaction ID: SA11AI.23863

Amount of Each Receipt this Period: 5000.00

Membership

SUBTOTAL of Receipts This Page (optional) ► 10125.00

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 14 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NORPAC

A.	Full Name (Last, First, Middle Initial) Samuel Solomon	Date of Receipt MM / DD / YYYY 02 / 25 / 2009
	Mailing Address 272 West 107th Street	Transaction ID: SA11AI.23898
	City State Zip Code New York NY 10025	Amount of Each Receipt this Period 375.00
	FEC ID number of contributing federal political committee. C	mission
	Name of Employer DOAR Litigation Consulting Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00	

B.	Full Name (Last, First, Middle Initial) Kalman Staiman	Date of Receipt MM / DD / YYYY 02 / 14 / 2009
	Mailing Address 103 Edgemont Pl	Transaction ID: SA11AI.23866
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 275.00
	FEC ID number of contributing federal political committee. C	Mission
	Name of Employer Goldman Sachs Occupation Computer Analyst Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00	

C.	Full Name (Last, First, Middle Initial) Debra Teicher	Date of Receipt MM / DD / YYYY 02 / 23 / 2009
	Mailing Address 1317 Hudson Road	Transaction ID: SA11AI.23959
	City State Zip Code Teaneck NJ 07666	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	mission
	Name of Employer none Occupation student Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 24
(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)
Leslie Tugetman

Mailing Address 612 West 232 Street

City State Zip Code
Riverdale NY 10463

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

Name of Employer Self Occupation Interior Design

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 01 / 2009

Transaction ID: SA11AI.23948

Amount of Each Receipt this Period 250.00

mission

B.

Full Name (Last, First, Middle Initial)
Jeffrey Weinstein

Mailing Address 11 Anthony Ave.

City State Zip Code
Edison NJ 08820

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 ▼ 677.50

Date of Receipt MM / DD / YYYY
02 / 02 / 2009

Transaction ID: SA11AI.23979

Amount of Each Receipt this Period 46.50

In-kind -

C.

Full Name (Last, First, Middle Initial)
Jeffrey Weinstein

Mailing Address 11 Anthony Ave.

City State Zip Code
Edison NJ 08820

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 ▼ 777.50

Date of Receipt MM / DD / YYYY
02 / 28 / 2009

Transaction ID: SA11AI.23981

Amount of Each Receipt this Period 100.00

In-kind -

SUBTOTAL of Receipts This Page (optional) ► 396.50

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 16 / 24
(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) Mark Wiesen		Date of Receipt MM / DD / YYYY 02 / 10 / 2009
Mailing Address 668 North Forest Drive		Transaction ID: SA11AI.23860
City Teaneck	State NJ	Zip Code 07666
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1325.00
Name of Employer Self	Occupation Physician	Mission
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1325.00	

B.

Full Name (Last, First, Middle Initial) Barry Wolf		Date of Receipt MM / DD / YYYY 02 / 23 / 2009
Mailing Address 128 N. 8th Ave		Transaction ID: SA11AI.23885
City Highland Park	State NJ	Zip Code 08904
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer self	Occupation physician	mission
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.

Full Name (Last, First, Middle Initial) Tim Wuliger		Date of Receipt MM / DD / YYYY 02 / 13 / 2009
Mailing Address 20 Basswood Lane		Transaction ID: SA11AI.23864
City Moreland Hills	State OH	Zip Code 44022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Mallard Investments	Occupation President	Membership
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional)	▶	4050.00
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 / 24	
	(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"/> 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) Bernard Zweig		Date of Receipt																					
	Mailing Address 393 West End Ave.		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	0		2	0	0	9														
	City	State	Zip Code		Transaction ID: SA11AI.23873																			
New York	NY	10024																						
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>		Amount of Each Receipt this Period																				
Name of Employer Self (Zweig Financial)		Occupation Finance		<input type="text" value="325.00"/>																				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		Mission																				
		<input type="text" value="325.00"/>																						

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="325.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="36671.50"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 24
(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)
Fidelity Investments

Mailing Address 396 Route 17 North

City State Zip Code
Paramus NJ 07652

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
669.09

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: SA17.23938

Amount of Each Receipt this Period
256.92

Dividends

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 ▼
1720.06

Date of Receipt
MM / DD / YYYY
02 / 28 / 2009

Transaction ID: SA17.23967

Amount of Each Receipt this Period
1708.60

CD-interest

SUBTOTAL of Receipts This Page (optional) ► **1965.52**

TOTAL This Period (last page this line number only) ► **1965.52**

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 19 / 24

<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

A.	Full Name (Last, First, Middle Initial) Mindy Berman Mailing Address 312 Cedar Ave City Highland Park State NJ Zip Code 08904 Purpose of Disbursement Payroll 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.23910 Date of Disbursement 02 / 03 / 2009 Amount of Each Disbursement this Period 310.43 001 Category/Type
B.	Full Name (Last, First, Middle Initial) Mindy Berman Mailing Address 312 Cedar Ave City Highland Park State NJ Zip Code 08904 Purpose of Disbursement payroll 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.23932 Date of Disbursement 02 / 19 / 2009 Amount of Each Disbursement this Period 182.67 001 Category/Type
C.	Full Name (Last, First, Middle Initial) Event Emissary LLC Mailing Address P. O. Box575 City Washington State DC Zip Code 20044-0575 Purpose of Disbursement Hall Rental for Mission Trip Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.23926 Date of Disbursement 02 / 11 / 2009 Amount of Each Disbursement this Period 11139.22 003 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

11632.32

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)

PAGE 21 / 24

<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>A.</p> <p>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 taxes</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>Transaction ID: SB21B.23929</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="462.66"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p>B.</p> <p>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 taxes</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>Transaction ID: SB21B.23933</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="66.13"/></p> <p><input type="text" value="001"/> Category/Type</p>
<p>C.</p> <p>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 taxes</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>Transaction ID: SB21B.23934</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="38.34"/></p> <p><input type="text" value="001"/> Category/Type</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="567.13"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></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)

PAGE 22 / 24

<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) paypal Mailing Address PO Box 45950 City Omaha State NE Zip Code 68145 Purpose of Disbursement service fee 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.23940 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 346.43 Category/Type 001
B.	Full Name (Last, First, Middle Initial) Karen Pichkhadze Mailing Address 1038 Kingsland Lane City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement Payroll 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.23909 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 3 / 2 0 0 9	Amount of Each Disbursement this Period 1081.52 Category/Type 001
C.	Full Name (Last, First, Middle Initial) Karen Pichkhadze Mailing Address 1038 Kingsland Lane City Fort Lee State NJ Zip Code 07024 Purpose of Disbursement Payroll 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.23928 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 9	Amount of Each Disbursement this Period 1184.45 Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶

2612.40

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)

PAGE 23 / 24

<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.23930
	Mailing Address 1445 Valley Rd	Date of Disbursement MM / DD / YYYY 02 / 17 / 2009
	City Wayne State NJ Zip Code 07470	Amount of Each Disbursement this Period 92.76
	Purpose of Disbursement credit card Candidate Name	001 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) Valley National Bank	Transaction ID: SB21B.25731
	Mailing Address 1445 Valley Rd	Date of Disbursement MM / DD / YYYY 02 / 28 / 2009
	City Wayne State NJ Zip Code 07470	Amount of Each Disbursement this Period 61.47
	Purpose of Disbursement service fee Candidate Name	001 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) Verizon wireless	Transaction ID: SB21B.23914
	Mailing Address PO Box 17120	Date of Disbursement MM / DD / YYYY 02 / 04 / 2009
	City Tucson State AZ Zip Code 85731	Amount of Each Disbursement this Period 295.69
	Purpose of Disbursement Cell Phones Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	449.92
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 24 / 24

<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) Jeffrey Weinstein	Transaction ID: SB21B.23980
	Mailing Address 11 Anthony Ave.	Date of Disbursement 02 / 02 / 2009
	City Edison State NJ Zip Code 08820	Amount of Each Disbursement this Period 46.50
	Purpose of Disbursement In-kind - 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) Jeffrey Weinstein	Transaction ID: SB21B.23982
	Mailing Address 11 Anthony Ave.	Date of Disbursement 02 / 28 / 2009
	City Edison State NJ Zip Code 08820	Amount of Each Disbursement this Period 100.00
	Purpose of Disbursement In-kind - Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	146.50
TOTAL This Period (last page this line number only)	16360.58