

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

JAN 13 11 25 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Action Committee (NACPAC)		2. FEC IDENTIFICATION NUMBER C00147983
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 701 Brickell Ave., Suite 3260		
CITY, STATE and ZIP CODE Miami, FL 33131		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

30-Day Post-Election Report following the General Election


on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/97 through 12/31/97		
6. (a) Cash on Hand January 1, 1997		\$ 1,222
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,508	
(c) Total Receipts (from Line 19)	\$ 31,195	\$ 83,762
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 50,703	\$ 84,984
7. Total Disbursements (from Line 30)	\$ 35,249	\$ 69,530
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 15,454	\$ 15,454
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 690 E Street, NW Washington, DC 20463 Toll Free 800-424-6580 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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  
Judith Ellenbogen by Chairman, Mark R. Vogel

Signature of Treasurer  


Date  
01/07/98

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

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FEC FORM 3X  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 8X**

(revised 1/1/91)

NAME OF COMMITTEE <b>National Action Committee (NACPAC)</b>		REPORT COVERING PERIOD FROM <b>07/01/97</b> TO <b>12/31/97</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
I. Itemized (Use Schedule A)		23,895	72,230
II. Unitemized		7,205	11,349
ii. Total (add I and II) >		31,100	83,579
b. Political Party Committees		N/A	N/A
c. Other Political Committees (such as PACs)		N/A	N/A
d. Total Contributions (add a, b and c) >		31,100	83,579
12. Transfers From Affiliated/Other Party Committees		N/A	N/A
13. All Loans Received		N/A	N/A
14. Loan Repayments Received		N/A	N/A
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		N/A	N/A
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		N/A	N/A
17. Other Federal Receipts (Dividends, Interest, etc.)	Interest	95	183
18. Transfers from Nonfederal Account for Joint Activity		N/A	N/A
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		31,195	83,762
20. Total Federal Receipts (subtract line 18 from line 19) >		31,195	83,762
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
I. Federal Share		N/A	N/A
II. Non-Federal Share		N/A	N/A
b. Other Federal Operating Expenditures		5,749	14,780
c. Total Operating Expenditures (add a, I, II, and b) >		5,749	14,780
22. Transfers to Affiliated/Other Party Committees		N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees		29,500	54,750
24. Independent Expenditures (use Schedule E)		N/A	N/A
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		N/A	N/A
26. Loan Repayments Made		N/A	N/A
27. Loans Made		N/A	N/A
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		N/A	N/A
b. Political Party Committees		N/A	N/A
c. Other Political Committees (such as PACs)		N/A	N/A
d. Total Contribution Refunds (add a, b and c) >		N/A	N/A
29. Other Disbursements		N/A	N/A
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		35,249	69,530
31. Total Federal Disbursements (subtract line 21 a II from line 30) >		35,249	69,530
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		31,100	83,579
33. Total Contribution Refunds (from line 28d)		N/A	N/A
34. Net Contributions (other than loans) (subtract line 33 from line 32)		31,100	83,579
35. Total Federal Operating Expenditures (add 21 a I and 21 b) >		5,749	14,780
36. Offsets to Operating Expenditures (from line 15)		N/A	N/A
37. Net Operating Expenditures (subtract line 36 from line 35) >		5,749	14,780

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

<b>A. Full Name, Mailing Address and ZIP Code</b> Pauline Winick 4925 Collins Ave., #12A Miami Beach, FL 33140  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Miami Heat	Date (month, day, year) 07/02/97	Amount of Each Receipt this Period 250
	Occupation Exec. V.P. Aggregate Year-to-Date > \$ 250		
<b>B. Full Name, Mailing Address and ZIP Code</b> Bert Sager P.O. Box 43-1495 Miami, FL 33243  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Self	Date (month, day, year) 07/07/97	Amount of Each Receipt this Period 500
	Occupation Attorney Aggregate Year-to-Date > \$ 500		
<b>C. Full Name, Mailing Address and ZIP Code</b> Neal Sonnet 1581 Brickell Ave., Apt. 1804 Miami, FL 33129  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Self	Date (month, day, year) 08/01/97	Amount of Each Receipt this Period 500
	Occupation Attorney Aggregate Year-to-Date > \$ 550		
<b>D. Full Name, Mailing Address and ZIP Code</b> Sandy Miot One S.E. 3rd Ave., 15th Floor Miami, FL 33131  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Name of Employer Self	Date (month, day, year) 07/02/97	Amount of Each Receipt this Period 25 2,500
	Occupation Real Estate Aggregate Year-to-Date > \$ 2,525		
<b>E. Full Name, Mailing Address and ZIP Code</b> Robert Mazer 940 Brittany Road Highland Park, IL 60015  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer N/A	Date (month, day, year) 09/12/97	Amount of Each Receipt this Period 1,000
	Occupation Retired Aggregate Year-to-Date > \$ 1,000		
<b>F. Full Name, Mailing Address and ZIP Code</b> Marvin Lando 1121 Manati Ave. Miami, FL 33146  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Deloitte & Touche	Date (month, day, year) 10/06/97	Amount of Each Receipt this Period 250
	Occupation C.P.A. Aggregate Year-to-Date > \$ 500		
<b>G. Full Name, Mailing Address and ZIP Code</b> Norman Lipoff Three Grove Isle, #1009 Coconut Grove, FL 33133  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Self	Date (month, day, year) 10/07/97	Amount of Each Receipt this Period 500
	Occupation Attorney Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

5,525

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 17  
FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (in Full)

National Action Committee (NACFAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charlotte Chester 2950 Alton Road Miami Beach, FL 33140	Self	09/03/97	25
	Occupation	11/03/97	700
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Investor	11/05/97	25
	Aggregate Year-to-Date > \$ 825	12/08/97	25
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stuart Siskis 6690 Windsor Lane Miami Beach, FL 33141	Northern Trust	09/03/97	50
	Occupation	11/03/97	125
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheons	Vice President	12/08/97	25
	Aggregate Year-to-Date > \$ 3,800		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Cynthia I. Chiefa 200 S. Biscayne Blvd., #3150 Miami, FL 33131	Self	11/03/97	375
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Attorney		
	Aggregate Year-to-Date > \$ 425		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Linda Zilber 1231-95th Street Bay Harbor Islands, FL 33154	Bay Harbor Islands	11/03/97	500
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Councilwoman		
	Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
H. Allen Benowitz 46 SW 1st Street Miami, FL 33130	Self	11/03/97	25
	Occupation	09/03/97	25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheons	Court Reporter		
	Aggregate Year-to-Date > \$ 575		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Craig Stein 100 N. Biscayne Blvd., #2810 Miami, FL 33132	Self	09/03/97	75
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheons	Attorney		
	Aggregate Year-to-Date > \$ 625		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alan Weisberg 1401 Brickell Ave., #800 Miami, FL 33131	Self	11/05/97	25
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon	Attorney		
	Aggregate Year-to-Date > \$ 625		

SUBTOTAL of Receipts This Page (optional) ..... 2,000

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 17  
FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tony Blank 9350 S. Dixie Hwy., #900 Miami, FL 33156-2945	National Brands	11-10-97	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Vice President	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leroy Raffel 1380 N.E. Miami Gardens Dr., #207 Miami, FL 33179	N/A	09-03-97 11-03-97 11-10-97 12-08-97	25 25 25 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheons	Occupation: Retired	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven Peretz 5654 Oakmont Avenue Hollywood, FL 33312	Kluger, Peretz, Kaplan	11-12-97	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mark R. Vogel 701 Brickell Avenue, #3260 Miami, FL 33131	Self	09-03-97 11-03-97 11-12-97 12-08-97	25 25 1,000 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheons	Occupation: Attorney	Aggregate Year-to-Date > \$ 1,125	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ira Levine 2000 Quayside Terrace, #609 Miami, FL 33138	Self	11-13-97	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Medical Doctor	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Stuzin 550 Biltmore Way, #700 Coral Gables, FL 33134	Stuzin & Garner	11-13-97	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rick Milenthal 10855 S.W. 53rd Avenue Coral Gables, FL 33156	HMS Partners	11-20-97	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President	Aggregate Year-to-Date > \$ 1,000	

SUBTOTAL of Receipts This Page (optional) ..... 3,175

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 4 OF 17  
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**NAME OF COMMITTEE (In Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Foxman 1401 Brickell Avenue, #800 Miami, FL 33131	Self	11-28-97	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>	Occupation <b>Attorney</b> Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Newman 999 Brickell Avenue, #800 Miami, FL 33131	Pensions, Inc.	12-04-97 12-10-97	600 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues &amp; Luncheons</b>	Occupation <b>President</b> Aggregate Year-to-Date > \$ 650		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amy Friedkin 1340 Clay Street, #901 San Francisco, CA 94109	N/A	12-04-97	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>	Occupation <b>Homemaker</b> Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Helling 10 Edgewater Drive, #7F Coral Gables, FL 33133	Superior Window	11-03-97	25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Luncheon</b>	Occupation <b>President</b> Aggregate Year-to-Date > \$ 1,075		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Swaye 1870 N.E. 118th Road N. Miami Beach, FL 33181	Self	12-08-97	25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Luncheon</b>	Occupation <b>Medical Doctor</b> Aggregate Year-to-Date > \$ 275		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louise Allen 150 W. Flagler, #2200 Miami, FL 33130	Stearns, Weaver	12-08-97	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>	Occupation <b>Attorney</b> Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Ellenbogen 10250 Collins Avenue, PH1 Bal Harbour, FL 33154	N/A	12-08-97	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>	Occupation <b>Homemaker</b> Aggregate Year-to-Date > \$ 575		

SUBTOTAL of Receipts This Page (optional)

2,175

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code S.J. Workman 3370 N. 47th Avenue Hollywood, FL 33021		Name of Employer Bayshore Capitol	Date (month, day, year) 12-10-97	Amount of Each Receipt this Period 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>		Occupation President Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code Jonathan Kislak 7900 Miami Lakes Drive, West Miami Lakes, FL 33016		Name of Employer Kislak Mortgage	Date (month, day, year) 12-10-97	Amount of Each Receipt this Period 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Luncheon</u>		Occupation President Aggregate Year-to-Date > \$ 2,525		
C. Full Name, Mailing Address and ZIP Code Michael Jacobson 903 N.E. 199th Street, #208 Miami, FL 33179		Name of Employer Self	Date (month, day, year) 11-03-97 12-10-97	Amount of Each Receipt this Period 25 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Luncheon</u>		Occupation Software Design Aggregate Year-to-Date > \$ 775		
D. Full Name, Mailing Address and ZIP Code Herbert Katz 4030-C Sheridan Street Hollywood, FL 33021		Name of Employer N/A	Date (month, day, year) 12-15-97	Amount of Each Receipt this Period 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>		Occupation Retired Aggregate Year-to-Date > \$ 2,000		
E. Full Name, Mailing Address and ZIP Code Robert Karl 6500 S.W. 114th Street Miami, FL 33156		Name of Employer Self	Date (month, day, year) 12-15-97	Amount of Each Receipt this Period 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>		Occupation Medical Doctor Aggregate Year-to-Date > \$ 1,000		
F. Full Name, Mailing Address and ZIP Code Ronald Krongold 201 Alhambra Circle, 8th Floor Coral Gables, FL 33134		Name of Employer Krongold, Bass & Todd	Date (month, day, year) 12-15-97	Amount of Each Receipt this Period 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>		Occupation Attorney Aggregate Year-to-Date > \$ 600		
G. Full Name, Mailing Address and ZIP Code Steven Caller 3 Grove Isle Drive Coconut Grove, FL 33133		Name of Employer N/A	Date (month, day, year) 12-10-97	Amount of Each Receipt this Period 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>		Occupation Retired Aggregate Year-to-Date > \$ 250		

SUBTOTAL of Receipts This Page (optional)

2,325

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 6 OF 7  
FOR LINE NUMBER 11, a, i.

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berdele Katz 5555 Reservoir Drive, #112 San Diego, CA 92120	N/A	12/16/97	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Homemaker Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benedict Kuehne P.O. Box 113405 Miami, FL 33111-3405	Sale & Kuehne	12/18/97	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nina Ellenbogen Raim 39 La Gorce Circle Miami Beach, FL 33141	Self	12/08/97 12/22/97	125 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney-Physician Aggregate Year-to-Date > \$ 375		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cong. Wm. Lehman Camp. Fund 21400 N.W. 2nd Ave. Miami, FL 33169	N/A	12/22/97	70
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheons	Occupation: Retired Cong. Aggregate Year-to-Date > \$ 770		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ian Kaplan 305 No. Hibiscus Drive Miami Beach, FL 33139	TransChemical	12/31/97	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Vice-President Aggregate Year-to-Date > \$ 575		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ada Friedkin (Via NJDC PAC) PO Box 3051 Boca Raton, FL 33431	N/A	12/31/97	5,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired Aggregate Year-to-Date > \$ 5,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Kaplan 20023 N.E. 19th Place N. Miami Beach, FL 33179	TransChemical	12/31/97	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Vice-President Aggregate Year-to-Date > \$ 1,050		

SUBTOTAL of Receipts This Page (optional)

7,695

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 7 OF 7  
FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Hellring 10 Edgewater Drive., #7F Coral Gables, FL 33133	Superior Window	12/31/97	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President	Aggregate Year-to-Date: \$ 2,075	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date: \$	

SUBTOTAL of Receipts This Page (optional)

1,000

TOTAL This Period (last page this line number only)

23,895

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11.a.ii.

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**NAME OF COMMITTEE (In Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code Unitemized Receipts under \$200	Name of Employer  Occupation	Date (month, day, year) 07/01/97 through 12/31/97	Amount of Each Receipt this Period 7,205
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues and lunches</u>		Aggregate Year-to-Date $\rightarrow$ \$	
B. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date $\rightarrow$ \$	
C. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date $\rightarrow$ \$	
D. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date $\rightarrow$ \$	
E. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date $\rightarrow$ \$	
F. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date $\rightarrow$ \$	
G. Full Name, Mailing Address and ZIP Code			
Name of Employer		Date (month, day, year)	Amount of Each Receipt this Period
Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date $\rightarrow$ \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	7,205
<b>TOTAL</b> This Period (last page this line number only) .....	7,205

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

21, b.

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NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark R. Vogel, P.A. 701 Brickell Avenue, #3260 Miami, FL 33131	Reimbursement of Admin. Expenses	07-10-97	750
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	08-04-97	750
	<input type="checkbox"/> Other (specify)	09-02-97	750
		10-01-97	500
Bankers Club 2 S. Biscayne Blvd., 14th Floor Miami, FL 33131	Luncheons	09-02-97	209.90
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11-28-97	437.50
	<input type="checkbox"/> Other (specify)	12-26-97	402.33
Mark R. Vogel, P.A. 701 Brickell Avenue, #3260 Miami, FL 33131	Reimbursement of Admin. Expenses	11-06-97	750
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11-28-97	1,000
Unitemized Disbursements Under \$200	Printing, Subscription, Courier, etc.	07-01-97	199.65
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	through 12-31-97	
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

5,749.38

TOTAL This Period (last page this line number only)

(Rounded)

5,749

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code Sen. Carol Moseley-Braun U.S. Senate Washington, D.C. 20510	Purpose of Disbursement YTD: \$5,000 U.S. Senate Campaign	Date (month, day, year) 08-13-97	Amount of Each Disbursement This Period 5,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General		
B. Full Name, Mailing Address and ZIP Code Cong. Nicholas Lampson U.S. House of Representatives Washington, D.C. 20515	Purpose of Disbursement YTD: \$500 U.S. House of Rep. Campaign	Date (month, day, year) 08-13-97	Amount of Each Disbursement This Period 500
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General		
C. Full Name, Mailing Address and ZIP Code Cong. Steven Rothman U.S. House of Representatives Washington, D.C. 20515	Purpose of Disbursement YTD: \$1,000 U.S. House of Rep. Campaign	Date (month, day, year) 08-20-97	Amount of Each Disbursement This Period 1,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General		
D. Full Name, Mailing Address and ZIP Code Sen. Charles Grassley U.S. Senate Washington, D.C. 20510	Purpose of Disbursement YTD: \$2,000 U.S. Senate Campaign	Date (month, day, year) 09-04-97	Amount of Each Disbursement This Period 2,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General		
E. Full Name, Mailing Address and ZIP Code Cong. Karen Thurman U.S. House of Representatives Washington, D.C. 20515	Purpose of Disbursement YTD: \$500 U.S. House of Rep. Campaign	Date (month, day, year) 10-01-97	Amount of Each Disbursement This Period 500
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General		
F. Full Name, Mailing Address and ZIP Code Sen. Don Nickles U.S. Senate Washington, D.C. 20510	Purpose of Disbursement YTD: \$3,000 U.S. Senate Campaign	Date (month, day, year) 10-31-97	Amount of Each Disbursement This Period 3,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General		
G. Full Name, Mailing Address and ZIP Code Sen. Ben Nighthorse Campbell U.S. Senate Washington, D.C. 20510	Purpose of Disbursement YTD: \$5,000 U.S. Senate Campaign	Date (month, day, year) 11-03-97	Amount of Each Disbursement This Period 5,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General		
H. Full Name, Mailing Address and ZIP Code Cong. Robert Andrews U.S. House of Representatives Washington, D.C. 20515	Purpose of Disbursement YTD: \$1,000 U.S. House of Rep. Campaign	Date (month, day, year) 11-03-97	Amount of Each Disbursement This Period 1,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General		
I. Full Name, Mailing Address and ZIP Code Cong. Benjamin Gilman U.S. House of Representatives Washington, D.C. 20515	Purpose of Disbursement YTD: \$500 U.S. House of Rep. Campaign	Date (month, day, year) 11-06-97	Amount of Each Disbursement This Period 500
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General		

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

18,500

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$3,000 Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
Pioneer PAC c/o Cong. John Kasich U.S. House of Representatives Washington, D.C. 20515		11-18-97	3,000
B. Full Name, Mailing Address and ZIP Code Sen. Ron Wyden U.S. Senate Washington, D.C. 20510	Purpose of Disbursement YTD: \$5,000 U.S. Senate Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General	Date (month, day, year) 12-02-97	Amount of Each Disbursement This Period 5,000
C. Full Name, Mailing Address and ZIP Code Sen. Kit Bond U.S. Senate Washington, D.C. 20510	Purpose of Disbursement YTD: \$1,000 U.S. Senate Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General	Date (month, day, year) 12-08-97	Amount of Each Disbursement This Period 1,000
D. Full Name, Mailing Address and ZIP Code Cong. David Obey U.S. House of Representatives Washington, D.C. 20515	Purpose of Disbursement YTD: \$2,000 U.S. House of Rep. Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General	Date (month, day, year) 12-10-97	Amount of Each Disbursement This Period 2,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	11,000
TOTAL This Period (last page this line number only) .....	29,500

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-7-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>See</i> PREPARER	1-13-98 DATE PREPARED