

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -8 P 2:51

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Action Committee (NACPAC)		2. FEC IDENTIFICATION NUMBER 000147983
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 601 Brickell Key Drive, Suite 801		
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)		

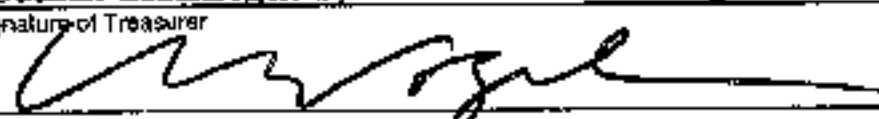
4. TYPE OF REPORT

- (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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 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 11/07/00 in the State of Florida

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period <u>10/01/00</u> through <u>11/27/00</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 ²⁰⁰⁰		\$ 27,889
(b)	Cash on Hand at Beginning of Reporting Period	\$ 39,582	
(c)	Total Receipts (from Line 19)	\$ 4,354	\$ 89,993
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 43,936	\$ 117,882
7.	Total Disbursements (from Line 30)	\$ 9,325	\$ 83,271
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 34,611	\$ 34,611
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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	Date
Signature of Treasurer 	12/08/00

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 3X**

(revised 1/1/91)

NAME OF COMMITTEE National Action Committee (NACPAC)		REPORT COVERING PERIOD FROM 10/01/00 TO: 11/27/00	
I Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11.	Contributions (other than loans) From:		
a.	Individuals/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	3,750	78,210
ii.	Unitemized	216	10,140
iii.	Total (add i and ii) >	3,966	88,350
b.	Political Party Committees	N/A	N/A
c.	Other Political Committees (such as PACs)	N/A	N/A
d.	Total Contributions (add a ii, b and c) >	3,966	88,350
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.)	388	1,643
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) >	4,354	89,993
20.	Total Federal Receipts (subtract line 18 from line 19) >	4,354	89,993
II. Disbursements			
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	2,325	19,021
c.	Total Operating Expenditures (add a i, a ii, and b) >	2,325	19,021
22.	Transfers to Affiliated/Other Party Committees	N/A	N/A
23.	Contributions to Federal Candidates/Committees and Other Political Committees	7,000	64,250
24.	Independent Expenditures (use Schedule E)	N/A	N/A
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.	Individuals/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) >	9,325	83,271
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	9,325	83,271
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	3,966	88,350
33.	Total Contribution Refunds (from line 28d)	N/A	N/A
34.	Net Contributions (other than loans)(subtract line 33 from 32)	3,966	88,350
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	2,325	19,021
36.	Offsets to Operating Expenditures (from line 15)	N/A	N/A
37.	Net Operating Expenditures (subtract line 36 from 35) >	2,325	19,021

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.i.

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)

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
Steven Silver 2104 Polo Pointe Drive Vienna, VA 22181-2804	Roberson, Monagle Occupation: Attorney	10/10/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	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
H. Allen Benowitz 46 S.W. 1st Street, #100 Miami, FL 33130	Self Occupation: Court Report	10/10/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	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
Lawrence Helling 10 Edgewater Drive, #7F Coral Gables, FL 33133	Superior Window Occupation: President	10/12/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven G. Messing Two So. Biscayne Blvd., Suite 2800 Miami, FL 33131	KPMG Peat Marwick Occupation: CPA	11/08/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	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
Charles Ganz P.O. Box 416 Dania, FL 33004	Mellon Bank Occupation: Banker	11/15/00	\$1,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	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
Robert H. Frehling 421 E. San Marino Dr. Miami Beach, FL 33139	Nessa Gaulois Occupation: President	11/28/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	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
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$3,750

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Unitemized receipts under \$200.00 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Does</u>	Occupation Aggregate Year-to-Date > \$	10/01/00 through 11/27/00	\$216
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$216

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)
 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. 601 Brickell Key Drive, Suite 801 Miami, FL 33131	Reimburse Admin. Expenses	10/01/00 11/07/00	\$1,000.00 \$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
B. Full Name, Mailing Address and ZIP Code American Express P.O. Box 1 Chicago, IL 60679	Subscription	11/27/00	\$289.75
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code Miscellaneous Disbursements under \$200		10/01/00 through 11/27/00	\$34.90
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code			
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	\$2,324.65
TOTAL This Period (last page this line number only)	(Rounded) \$2,325

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE **1** OF **1**
FOR LINE NUMBER **23**

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)

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
Wisconsin Democratic Party 202 State Street Madison, WI 53703	YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/00	\$1,000
B. Full Name, Mailing Address and ZIP Code Adam Putnam 135 East Main Street Bartow, FL 33830	Purpose of Disbursement U.S. House of Rep. Camp. (FL-12CD) YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/00	\$1,000
C. Full Name, Mailing Address and ZIP Code Sen. Olympia Snowe U.S. Senate Washington, D.C. 20510	Purpose of Disbursement U.S. Senate Camp. (ME) YTD: \$5,000 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/06/00	\$5,000
D. 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
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)

TOTAL This Period (last page this line number only)

\$7,000

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 (R/C) 12/5/08
<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>J.A.Q.</i> PREPARER	12/8/08 DATE PREPARED