

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

Jan 29 8 30 AM '95

|  |  |
|--|--|
| 1. NAME OF COMMITTEE (In full)<br>National Action Committee  |  |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported<br>201 So. Biscayne Blvd., Ste. 880 |  |
| CITY, STATE and ZIP CODE<br>Miami, Fl 33131  |  |
|  | 2. FEC IDENTIFICATION NUMBER<br>C00147983  |
|  | 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
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

| SUMMARY   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 5. Covering Period <u>11/29/94</u> through <u>12/31/94</u>                                    |                         |   |
| 6. (a) Cash on Hand January 1, 19 <u>94</u>   |                         | \$ 24,693   |
| (b) Cash on Hand at Beginning of Reporting Period   | \$ 11,767               |   |
| (c) Total Receipts (from Line 19)   | \$ 4,636                | \$ 106,097  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ 16,403               | \$ 130,790  |
| 7. Total Disbursements (from Line 30)   | \$ 7,521                | \$ 121,908  |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 | \$ 8,882                | \$ 8,882  |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  | \$ N/A                  | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ N/A                  |   |

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<br>Charles Citrin by Chairman, Mark R. Vogel |                  |
| Signature of Treasurer<br>   | Date<br>01/25/95 |

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

95032400132

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE   | REPORT COVERING PERIOD        |                           |
|---|-------------------------------|---------------------------|
| National Action Committee   | FROM 11/29/94                 | TO 12/31/95               |
|   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year |
| <b>I. Receipts</b>  |                               |                           |
| 11. Contributions (other than loans) From:  |                               |                           |
| a. Individual/Persons Other Than Political Committees                                     |                               |                           |
| i. Itemized (use Schedule A)  | 3,275                         | 84,293                    |
| ii. Unitemized  | 1,344                         | 20,796                    |
| iii. Total (add i and ii) >   | 4,619                         | 105,089                   |
| b. Political Party Committees   | N/A                           | N/A                       |
| c. Other Political Committees (such as PACs)  | N/A                           | 550                       |
| d. Total Contributions (add a ii, b and c) >  | 4,619                         | 105,639                   |
| 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                           | 17                            | 458                       |
| 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) >                            | 4,636                         | 106,097                   |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              | 4,636                         | 106,097                   |
| <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   | 2,521                         | 21,458                    |
| c. Total Operating Expenditures (add a i, a ii, and b) >                                  | 2,521                         | 21,458                    |
| 22. Transfers to Affiliated/Other Party Committees  | N/A                           | N/A                       |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees         | 5,000                         | 100,450                   |
| 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:  | N/A                           | N/A                       |
| 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) >                  | 7,521                         | 121,908                   |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) >                    | 7,521                         | 121,908                   |
| <b>III. Net Contributions/Operating Expenditures</b>                                      |                               |                           |
| 32. Total Contributions (other than loans)(from line 11d)                                 | 4,619                         | 105,639                   |
| 33. Total Contribution Refunds (from line 28d)  | N/A                           | N/A                       |
| 34. Net Contributions (other than loans)(subtract line 33 from 32)                        | 4,619                         | 105,639                   |
| 35. Total Federal Operating Expenditures (add 21 a i and 21 b) >                          | 2,521                         | 21,458                    |
| 36. Offsets to Operating Expenditures (from line 15)                                      | N/A                           | N/A                       |
| 37. Net Operating Expenditures (subtract line 36 from 35) >                               | 2,521                         | 21,458                    |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2  
FOR LINE NUMBER 11 (a) (1)

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)

|   |  |   |   |
|---|--|---|---|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Eli Feinberg<br/>9100 So. Dadeland Blvd.,<br/>Suite 900<br/>Miami, FL 33156</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Dues</p> | <p>Name of Employer<br/>EMF Associates</p> <p>Occupation<br/>President</p> <p>Aggregate Year-to-Date &gt; \$ 1,000</p>   | <p>Date (month, day, year)<br/>11/30/94</p> | <p>Amount of Each Receipt this Period<br/>\$250</p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Jeffrey Granoff<br/>3404 Poinciana Avenue<br/>Coconut Grove, FL 33133</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Dues</p>       | <p>Name of Employer<br/>Self</p> <p>Occupation<br/>Paper Sales</p> <p>Aggregate Year-to-Date &gt; \$ 1,000</p>           | <p>Date (month, day, year)<br/>11/30/94</p> | <p>Amount of Each Receipt this Period<br/>\$900</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Jeffrey Newman<br/>5046 Biscayne Blvd.<br/>Miami, FL 33137</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Dues</p>                  | <p>Name of Employer<br/>Self</p> <p>Occupation<br/>Insurance</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>               | <p>Date (month, day, year)<br/>11/30/94</p> | <p>Amount of Each Receipt this Period<br/>\$500</p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Daniel Aronson<br/>118 W. Dilido Drive<br/>Miami Beach, FL 33139</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Dues</p>            | <p>Name of Employer<br/>Greenberg Traurig</p> <p>Occupation<br/>Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 250</p>   | <p>Date (month, day, year)<br/>12/09/94</p> | <p>Amount of Each Receipt this Period<br/>\$250</p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Larry Hellring<br/>2000 S. Bayshore Dr. #19<br/>Miami, FL 33133</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Dues</p>             | <p>Name of Employer<br/>Superior Windows</p> <p>Occupation<br/>President</p> <p>Aggregate Year-to-Date &gt; \$ 1,020</p> | <p>Date (month, day, year)<br/>12/23/94</p> | <p>Amount of Each Receipt this Period<br/>\$500</p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Charles Stuzin<br/>1221 Brickell Ave., 16 Floor<br/>Miami, FL 33131</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Dues</p>         | <p>Name of Employer<br/>Stuzin &amp; Camner</p> <p>Occupation<br/>Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 500</p> | <p>Date (month, day, year)<br/>12/30/94</p> | <p>Amount of Each Receipt this Period<br/>\$250</p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Alfred Camner<br/>1221 Brickell Ave., 25 Floor<br/>Miami, FL 33131</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify): Dues</p>          | <p>Name of Employer<br/>Stuzin &amp; Camner</p> <p>Occupation<br/>Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 250</p> | <p>Date (month, day, year)<br/>12/30/94</p> | <p>Amount of Each Receipt this Period<br/>\$250</p> |

SUBTOTAL of Receipts This Page (optional) ..... \$2,900

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

9 5 0 3 9 0 0 1 9 4

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 2 OF 12  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (in Full)**  
National Action Committee (NACPAC)

95039600135

|  |  |   |   |
|--|--|---|---|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>Leslie Linevsky<br/>200 SE 15 Rd, # 76<br/>Miami, FL 33131-1201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) <b>Dues</b></p> | <p>Name of Employer<br/>Mt. Sinai Hospital</p> <p>Occupation<br/>Financial Officer</p> <p>Aggregate Year-to-Date &gt; \$ 375</p> | <p>Date (month, day, year)<br/>12/30/94</p> | <p>Amount of Each Receipt this Period<br/>\$375</p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>  | <p>Date (month, day, year)</p>              | <p>Amount of Each Receipt this Period</p>           |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>  | <p>Date (month, day, year)</p>              | <p>Amount of Each Receipt this Period</p>           |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>  | <p>Date (month, day, year)</p>              | <p>Amount of Each Receipt this Period</p>           |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>  | <p>Date (month, day, year)</p>              | <p>Amount of Each Receipt this Period</p>           |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>  | <p>Date (month, day, year)</p>              | <p>Amount of Each Receipt this Period</p>           |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>  | <p>Date (month, day, year)</p>              | <p>Amount of Each Receipt this Period</p>           |

|   |                |
|---|----------------|
| <p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>           | <p>375</p>     |
| <p><b>TOTAL</b> This Period (last page this line number only) .....</p> | <p>\$3,275</p> |

**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)(11)

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

95032600196

| 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   | N/A              | 11/29/94 through 12/31/94   | \$1,344                            |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): Dues and Luncheons | Occupation       | Aggregate Year-to-Date > \$ |                                    |
| 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<br><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<br><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<br><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<br><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<br><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<br><input type="checkbox"/> Other (specify):                               | Occupation       | Aggregate Year-to-Date > \$ |                                    |

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

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

\$1,344

**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 |
|--|---|---------------------------|---|
| Banker's Club<br>One Biscayne Tower, Ste. 1400<br>Miami, FL 33131        | Luncheon<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                   | 12/21/94                  | \$287.99                                |
| B. 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.<br>201 S. Biscayne Blvd. Ste. 880<br>Miami, FL 33131 | Reimbursement of Administrative Expenses<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | 11/29/94<br>12/29/94      | \$1,000.00<br>1,000.00                  |
| C. Full Name, Mailing Address and ZIP Code                               | Purpose of Disbursement   | Date (month, day, year)   | Amount of Each Disbursement This Period |
| Unitemized Disbursements under \$200                                     | Mailings, postage, messengers, secretarial<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 11/29/94 through 12/31/94 | \$233.41                                |
| D. 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<br><input type="checkbox"/> Other (specify)   |                           |   |
| 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<br><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<br><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<br><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<br><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<br><input type="checkbox"/> Other (specify)   |                           |   |

**SUBTOTAL** of Disbursements This Page (optional) ..... 2,521.40

**TOTAL** This Period (last page this line number only) ..... (rounded) 2,521

9503900187

**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<br>US Senate Campaign<br>YTD: \$5,000<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 1996 General | Date (month, day, year)<br>12/05/94 | Amount of Each Disbursement This Period<br>\$5,000   |
|--|--|-------------------------------------|--|
| B. Full Name, Mailing Address and ZIP Code<br>Sen. Larry Pressler<br>US Senate<br>Washington, DC 20510 | Purpose of Disbursement<br>US Senate Campaign<br>YTD: \$1,000<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 1996 General | Date (month, day, year)<br>12/29/94 | Amount of Each Disbursement This Period<br>\$1,000   |
| C. Full Name, Mailing Address and ZIP Code<br>Sen. John Kerry<br>US Senate<br>Washington, DC 20510     | Purpose of Disbursement<br>Does not accept PAC money<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) Check Returned        | Date (month, day, year)<br>12/21/94 | Amount of Each Disbursement This Period<br>(\$1,000) |
| D. Full Name, Mailing Address and ZIP Code   | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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) .....

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