REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

NARDPAC

ADDRESS (number and street) Check if different than previously reported

205 Dalngerifield Road

CITY, STATE and ZIP CODE

Alexandria, VA 22314

MAR 21 11 49 AM '94

2. FEC IDENTIFICATION NUMBER

WA 129150N9203-00106

3. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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
X 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 X NO

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period 2/1/94 through 2/28/94		
6.	(a) Cash on Hand January 1, 1994		$ 39,741.47
	(b) Cash on Hand at Beginning of Reporting Period	$ 31,140.56	
	(c) Total Receipts (from Line 19)	$ 3,969.25	$ 9,386.82
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 35,109.81	$ 49,128.29
7.	Total Disbursements (from Line 30)	$ 11,027.25	$ 25,045.73
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 24,082.56	$ 24,082.56
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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

Mark Wm. Lappen

Signature of Treasurer

Date 3/11/94

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

FEC FORM 3X

(revised 1/1/91)

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DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: NARDPAC

REPORT COVERING PERIOD FROM: 2/1/94 TO: 2/28/94

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	250.00	1,300.00
ii. Unitemized	3,665.00	7,960.00
iii. Total (add i and ii) ➤	3,915.00	9,260.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	3,915.00	9,260.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	54.25	126.82
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,969.25	9,386.82
20. Total Federal Receipts (subtract line 18 from line 19) ➤	3,969.25	9,386.82
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	27.25	545.73
c. Total Operating Expenditures (Add a i, a ii, and b)) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	11,000.00	24,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ➤		
29. Other Disbursements		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,027.25	25,045.73
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,027.25	25,045.73
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	3,915.00	9,260.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	3,915.00	9,260.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	27.25	545.73
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	27.25	545.73

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SCHEDULE A

ITEMIZED RECEIPTS

Page ____ of ____ for
LINE NUMBER 11
(Use separate schedule(s) for each category of the Detailed Summary Page)

Any information copied from such Reports or 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): YARDPAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
THEODORE NAWROCKI 1214 STUYVESANT AVENUE UNION NJ 07083	NAWROCKI'S PHARMACY	2/22/94	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify): N/A	Occupation: PHARMACIST		
	Aggregate Year-to-Date - $	250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	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
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date - $		

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	250.00

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

NARDPAC

A. Full Name, Mailing Address and ZIP Code Crestar Bank P.O. Box 179 Alexandria, VA 22313 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Interest Earned Occupation N/A Aggregate Year-to-Date > $	Date (month, day, year) 2/28/94	Amount of Each Receipt this Period 54.25
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	$ 54.25

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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)
NARDPAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Crestar Bank P.O. Box 179 Alexandria, VA 22313	Bank Service Charges Disbursement for: ☐ Primary ☐ General ☐ Other (specify) N/A	2/28/94	27.25
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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: ☐ Primary ☐ General ☐ 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)	$ 27.25

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Page 1 of ____ for
LINE NUMBER 23
(Use separate schedule(s) for each category of the Detailed Summary Page)

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Name of Committee (in Full)

NARDPAC

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN D. DINGELL FOR CONGRESS COMMITTEE 555 NEW JERSEY AVE., N.W.,#201 WASHINGTON, DC 20001	JOHN D. DINGELL HOUSE MI-16 Disbursement for: XX Primary ☐ General ☐ Other (specify):	2/02/94	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
BILL THOMAS CAMPAIGN COMMITTEE P.O. BOX 23175 WASHINGTON, DC 20026	BILL THOMAS HOUSE CA-21 Disbursement for: XX Primary ☐ General ☐ Other (specify):	2/04/94	1,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
CONYERS FOR CONGRESS 104 N. WEST STREET ALEXANDRIA VA 22314	JOHN CONYERS HOUSE MI-14 Disbursement for: XX Primary ☐ General ☐ Other (specify):	2/04/94	500.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
MICHAEL ANDREWS FOR U.S.SENATE 1201 PENN. AVE.,N.W.,SUITE 500 WASHINGTON DC 20004	MICHAEL A. ANDREWS SENATE TX- Disbursement for: XX Primary ☐ General ☐ Other (specify):	2/14/94	1,500.00
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
RALPH HALL FOR CONGRESS C/O RICHARD BECK 1624 E. ANDERSON LANE AUSTIN TX 78751	RALPH HALL HOUSE TX-4TH Disbursement for: XX Primary ☐ General ☐ Other (specify):	2/14/94	500.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
CONGRESSMAN JERRY KLECZKA 4200 CHRISTINE PLACE ALEXANDRIA VA 22311	GERALD D. KLECZKA HOUSE WI-4TH Disbursement for: XX Primary ☐ General ☐ Other (specify):	2/16/94	1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
JEFFORDS FOR VERMONT 517 2ND STREET, N.E. WASHINGTON DC 20002	JIM JEFFORDS SENATE VT- Disbursement for: XX Primary ☐ General ☐ Other (specify):	2/17/94	2,500.00
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONAL WOMEN'S VICTORY FUND 1275 K STREET, N.W., SUITE 750 WASHINGTON DC 20005	CONTRIBUTION Disbursement for: XX Primary ☐ General ☐ Other (specify):	2/17/94	2,500.00
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
CRAIG WASHINGTON FOR CONGRESS COMMITTEE P.O. BOX 2588 HOUSTON TX 77252	CRAIG WASHINGTON HOUSE TX-18 Disbursement for: XX Primary ☐ General ☐ Other (specify)	2/17/94	500.00
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			11,000.00

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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.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 3-15-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMH — PREPARER

3-21-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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