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)
National Customs Brokers & Forwarders Association of America, Inc.

ADDRESS (number and street) [ ] Check if different than previously reported
One World Trade Center/Suite 1153

CITY, STATE and ZIP CODE
New York, NY 10048

FEB 1 11 19 AM '94

2. FEC IDENTIFICATION NUMBER
C00207969

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

We have satisfied the criteria of multicandidate status prior to 01/01/94.

I. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[X] 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 [X] NO

SUMMARY

Covering Period 07-01-93 through 12-31-93

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	(a) Cash on Hand January 1, 19 93		$ 17,655.38
	(b) Cash on Hand at Beginning of Reporting Period	$ 11,484.43	
	(c) Total Receipts (from Line 19)	$ 3,697.15	$ 9,546.20
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 15,181.58	$ 27,201.58
7.	Total Disbursements (from Line 30)	$ 3,920.36	$ 15,940.36
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 11,261.22	$ 11,261.22
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
John Hamilton

Signature of Treasurer
[signature]

Date
1/26/94

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: National Customs Brokers & Forwarders Assn. of Amer.

REPORT COVERING PERIOD FROM 07-01-93 TO: 12-31-93

		COLUMN A Total This Period	COLUMN B Calendar Year
	I. Receipts		
11.	Contributions (other than loans) From:		
	a. Individual/Persons Other Than Political Committees		
	i. Itemized (use Schedule A)	800.00	1,580.00
	ii. Unitemized	2,000.00	6,855.00
	iii. Total (add i and ii) ➤	2,800.00	8,435.00
	b. Political Party Committees	0.00	0.00
	c. Other Political Committees (such as PACs)	0.00	0.00
	d. Total Contributions (add a iii, b and c) ➤	2,800.00	8,435.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received	0.00	0.00
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	760.00	760.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	137.15	351.20
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	3,697.15	9,546.20
20.	Total Federal Receipts (subtract line 18 from line 19) ➤	3,697.15	9,546.20
	II. Disbursements		
21.	Operating Expenditures:		
	a. Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share	0.00	0.00
	ii. Non Federal Share	0.00	0.00
	b. Other Federal Operating Expenditures	920.36	940.36
	c. Total Operating Expenditures (add a i, a ii, and b) ➤	920.36	940.36
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00
23.	Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	15,000.00
24.	Independent Expenditures (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441 a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
27.	Loans Made	0.00	0.00
28.	Refunds of Contributions To:		
	a. Individuals/Persons Other Than Political Committees	0.00	0.00
	b. Political Party Committees	0.00	0.00
	c. Other Political Committees (such as PACs)	0.00	0.00
	d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00
29.	Other Disbursements	0.00	0.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,920.36	15,940.36
31	Total Federal Disbursements (subtract line 21 a i from line 30) ➤	3,920.36	15,940.36
	III. Net Contributions/Operating Expenditures		
32.	Total Contributions (other than loans)(from line 11d)	2,800.00	8,435.00
33.	Total Contribution Refunds (from line 28d)	0.00	0.00
34	Net Contributions (other than loans)(subtract line 33 from 32)	2,800.00	8,435.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	920.36	940.36
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37.	Net Operating Expenditures (subtract line 36 from 35) ➤	920.36	940.36

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 Customs Brokers & Forwarders Association of America, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William S. App 93 William & Mary Place Kenner, LA 70065	J. W. Allen & Co., Inc.	10-27-93	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Customs Broker Aggregate Year-to-Date > $ 300.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Alfred DeAngulus 4878 Ponderosa Drive Annadlae, VA 22003	Livingston Trade Serv.	08-31-93	400.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Int'l. Trade Consult. Aggregate Year-to-Date > $ 400.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
John G. Eberlein, Jr. 257 Crystal Avenue Staten Island, NY 10302	John G. Eberlein & Co.	09-29-93	200.00
Receipt For: [ ] Primary [X] General [ ] Other (specify):	Occupation: Customs Broker Aggregate Year-to-Date > $ 400.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) > 800.00

TOTAL This Period (last page this line number only) > 800.00

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

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NAME OF COMMITTEE (in Full)

National Customs Brokers & Forwarders Association of America, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Senator Dennis DeConcini DeConcini '94 233 Constitution Ave N.E. Washington, DC 20002 Receipt For: [ ] Primary [ ] General [X] Other (specify): Refund	Aggregate Year-to-Date > $ 380.00	12-06-93	380.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Senator Dennis DeConcini DeConcini '94 233 Constitution Avenue, N.E. Washington, DC 20002 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $ 760.00	12-06-93	380.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year to Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	760.00
TOTAL This Period (last page this line number only)	760.00

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)

National Customs Brokers & Forwarders Association of America, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chase Manhattan Bank One World Trade Center/Concourse New York, NY 10048		07-01-93 to 12-31-93	137.15
Receipt For: ☐ Primary ☐ General ☒ Other (specify): Interest	Occupation		
	Aggregate Year-to-Date $ 351.20		

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

SUB TOTAL of Receipts This Page (optional)	137.15
TOTAL This Period (last page this line number only)	137.15

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 Customs Brokers & Forwarders Association of America, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hyatt Regency Washington Dept. 79247 Baltimore, MD 21279-0247	Fund Raiser Disbursement for: [ ] Primary [ ] General [X] Other (specify) Fund Raiser	10-18-93	920.36
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)	920.36
TOTAL This Period (last page this line number only)	920.36

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Customs Brokers & Forwarders Association of America, Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rep. Amo Houghton (R-NY) Houghton for Congress Committee 3869 Beech Down Dr., Chantilly, VA 22021	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09-09-93	500.00
B. Full Name, Mailing Address and ZIP Code Senator Trent Lott (R-MS) Trent Lott for Mississippi 1200 N. Veitch, Suite 628 Arlington, VA 22201	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	09-09-93	1,000.00
C. Full Name, Mailing Address and ZIP Code Rep. Ben Cardin (D-MD) Cardin for Congress P. O. Box 65056 Baltimore, MD 21209	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-18-93	500.00
D. Full Name, Mailing Address and ZIP Code Rep. Ed Pastor (D-AZ) Pastor for Arizona Committee P. O. Box 15014 Washington, DC 20003	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-18-93	500.00
E. Full Name, Mailing Address and ZIP Code Rep. L. F. Payne (D-VA) L. F. Payne for Congress Committee P. O. Box 2884 Washington, DC 20013	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10-18-93	500.00
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

SUB TOTAL of Disbursements This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	3,000.00

4 3 6 7 9 2 7 3

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 1-28-94
☐	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

SLB — PREPARER

2-7-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

24033722729