

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
WASHINGTON, DC  
20543

AUG 3 4 25 PM '93

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>NATIONAL ACTION COMMITTEE (NACPAC)</b>		2. FEC IDENTIFICATION NUMBER <b>C00147983</b>
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported <b>201 So. Biscayne Boulevard, Suite 880</b>		
CITY, STATE and ZIP CODE <b>Miami, Florida 33131</b>		

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  
 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

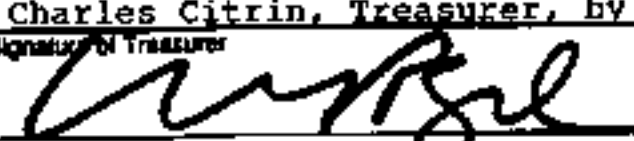
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SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>01/01/93</u> through <u>06/30/93</u>		
6. (a) Cash on Hand January 1, 1993			\$ 2,987
(b) Cash on Hand at Beginning of Reporting Period		\$ 2,987	
(c) Total Receipts (from Line 19)		\$ 74,520	\$ 74,520
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 77,507	\$ 77,507
7. Total Disbursements (from Line 30)		\$ 32,560	\$ 32,560
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 44,947	\$ 44,947
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)		\$ N/A	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ N/A	

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20543  
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  
**Charles Citrin, Treasurer, by Mark R. Vogel, Chairman**

Signature of Treasurer  Date **07-30-93**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5497g.

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

(revised 1/1/91)

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NAME OF COMMITTEE NATIONAL ACTION COMMITTEE (NACPAC)		REPORT COVERING PERIOD FROM 01/01/93 TO: 06/30/93	
		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)		62,900	62,900
ii. Unitemized		10,403	10,403
iii. Total	(add i and ii) >	73,303	73,303
b. Political Party Committees		N/A	N/A
c. Other Political Committees (such as PACs)		1,000	1,000
d. Total Contributions	(add a ii, b and c) >	74,303	74,303
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	217	217
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) >	74,520	74,520
20. Total Federal Receipts	(subtract line 18 from line 19) >	74,520	74,520
<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		13,219	13,219
c. Total Operating Expenditures	(add a i, a ii, and b) >	13,219	13,219
22. Transfers to Affiliated/Other Party Committees		N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees		18,750	18,750
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. Individual/Persons Other Than Political Committees		500	500
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) >	500	500
29. Other Disbursements	Bank Service Charges	91	91
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	32,560	32,560
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	32,560	32,560
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		74,303	74,303
33. Total Contribution Refunds (from line 28d)		500	500
34. Net Contributions (other than loans)(subtract line 33 from 32)		73,803	73,803
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	13,219	13,219
36. Offsets to Operating Expenditures (from line 15)		N/A	N/A
37. Net Operating Expenditures	(subtract line 36 from 35) >	13,219	13,219

SCHEDULE A

ITEMIZED RECEIPTS

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

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)

93038544322

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Black 1000 Island Blvd #709 Miami, FL 33150	Self	2-11-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Art Dealer	Aggregate Year-to-Date > \$250.00	
Murray Sisselman 2929 SW 3 Ave Miami, FL 33129	Union Leader	2-17-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
Peter Polow 41220 Fisher Island Dr. Fisher Island, FL 33109	Self	2-22-93 3-01-93	250.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation Real Estate Developer	Aggregate Year-to-Date > \$ 275.00	
Barry Hersh 100 SE 2 St. #2200 Miami, FL 33131	BDO Seidman	2-22-93 3-18-93 4-27-93 6-04-93	250.00 250.00 250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation CPA	Aggregate Year-to-Date > \$ 1000.00	
Benedict Kuehne 2 S. Biscayne Blvd #2600 Miami, FL 33131	Sonnett, Sale & Kuehne	2-22-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Charlotte C. Chester 2950 Alton Rd. Miami Beach, FL 33140	Self	1-15-93 4-27-93 5-25-93	25.00 500.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation Real Estate	Aggregate Year-to-Date > \$ 550.00	
Bert Sager P.O. Box 43-1495 Miami, FL 33243	Self	4-27-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)

3075

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

NATIONAL ACTION COMMITTEE (NACPAC)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Berkowitz 2665 S. Bayshore #1200 Coconut Grove, FL 33133	Self	1-15-93 4-27-93	25.00 700.00
	Occupation Real Estate Devel.	Aggregate Year-to-Date > \$ 725.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon			
Eli Feinberg 8625 SW 80 ST Miami, FL 33143	EMF Assoc.	1-15-93 4-27-93 5-19-93 6-23-93	25.00 250.00 250.00 250.00
	Occupation Consultant	Aggregate Year-to-Date > \$ 775.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon			
Herbert Katz 200 South Park Rd. #106 Hollywood, FL 33021	Self	4-27-93	1000.00
	Occupation Real Estate	Aggregate Year-to-Date > \$ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
Neal Sonnett One Biscayne Tower #2600 Miami, FL 33131	Self	4-27-93	500.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
Louise J. Allen 150 W. Flagler #2200 Miami, FL 33130	Stearns Weaver	4-27-93 5-03-93	250.00 50.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon			
Dr. Ira K. Levine 645 Fairway Dr. N. Miami Beach, FL 33141	Self	4-28-93	250.00
	Occupation Doctor	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
Phil Rosenzweig 801 Brickell Ave. 20 floor Miami, FL 33131	Dean Witter Raynolds	5-03-93 5-16-93 6-23-93	25.00 500.00 10.00
	Occupation Stock-Broker	Aggregate Year-to-Date > \$ 535.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon			

SUBTOTAL of Receipts This Page (optional)	4085
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)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pauline Winick 4925 Collins Ave #12a Miami Beach, FL 33140	The Miami Beat	5-03-93 5-05-93	25.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation Executive V.P.	Aggregate Year-to-Date > \$ 275.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry Goldmeier 1840 Coral Way #201 Miami, FL 33145	Self	1-18-93 3-01-93 5-05-93 5-25-93 6-23-93	60.00 25.00 500.00 60.00 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon, C/A	Occupation Real Estate	Aggregate Year-to-Date > \$ 655.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Havenick P.O. BOX 350940 Miami, FL 33135	Flagler Dog Track	5-05-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation C.E.O.	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Michael 1500 Miami Center Miami, FL 33131	Shutts & Bowen	1-15-93 5-06-93	25.00 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation Attorney	Aggregate Year-to-Date > \$ 525.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Klock S.E. Financial Center #4000 Miami, FL 33131	Steel Hector Davis	5-10-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Myron Samole 11270 SW 59 Ave Miami, FL 33156	Self	3-23-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles A. Citrin 701 Brickell Ave., 10 floor Miami, FL 33131	Self	3-23-93 5-26-93	500.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation Attorney	Aggregate Year-to-Date > \$ 525.00	

SUBTOTAL of Receipts This Page (optional)	3980
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)

NATIONAL ACTION COMMITTEE (NACPAC)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth A. Rosen 12400 SW 75 Ave Miami, FL 33156	Self	3-23-93	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Physician	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Ellenbogen 9801 Collins Ave. Bal Harbor, FL 33154	Merrill Lynch	1-15-93 3-01-93 3-23-93	25.00 25.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheons	Occupation: Stockbroker	5-03-93 5-28-93	25.00 25.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sigmund Zilber 1995 NE 142 St N. Miami, FL 33181	Metro Limo	3-23-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Owner	Aggregate Year-to-Date > \$ 1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Cummings 1428 Brickell Ave. #400 Miami, FL 33131	Self	1-18-93 3-01-93 3-25-93	25.00 25.00 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheons	Occupation: Attorney	5-03-93	25.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don R. Solomon 5959 Hollywood Blvd. Hollywood, FL 33021	EAP Management Corp.	3-25-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Owner	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Becker 4401 Sanders St. Hollywood, FL 33021	Southern Wine & Spirits	1-18-93 5-25-93	500.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Executive V.P.	Aggregate Year-to-Date > \$ 525.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lenore Suzyn 66 W. Flagler St. / 5 Floor Miami, FL 33130	Self	1-18-93	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Attorney	Aggregate Year-to-Date > \$ 325.00	

SUBTOTAL of Receipts This Page (optional)	3625
TOTAL This Period (last page this line number only)	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (in Full)**

**NATIONAL ACTION COMMITTEE (NACPAC)**

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Kluger 20023 NE 19 PL. N. Miami Beach, FL 33179	Kluger, Peretz Kaplan & Berlin	1-18-93 1-18-93	1000.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues &amp; Luncheon</u>	Occupation Attorney	Aggregate Year-to-Date > \$ 1025.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard L. Abess, Jr. P.O. Box 025620 Miami, FL 33102-5620	City Nat'l Bank	3-22-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation Banker/C.E.O.	Aggregate Year-to-Date > \$ 1000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Weiss 5874 NW 23 Terr Boca Raton, FL 33496	Self	1-22-93	250.00
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 > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Kravitz 18735 NE 21 Ave N. Miami Beach, FL 33179	Greenberg, Traurig	1-22-93	500.00
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 > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Harte 1570 Madruga Ave #214 Miami, FL 33146	Philmoss & Co.	1-27-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation C.E.O.	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Katzen 2413 N. Bay Rd. Miami Beach, FL 33139	Kluger, Peretz Kaplan & Berlin	2-22-93	250.00
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 > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alvin Entin 20205 W. Oak Haven Cir. Miami, FL 33179	Self	3-05-93	500.00
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 > \$ 500.00	

**SUBTOTAL of Receipts This Page (optional)** ..... 3775

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

SCHEDULE A

ITEMIZED RECEIPTS

USE SEPARATE SCHEDULES for each category of the Detailed Summary Page

6 1373  
FOR LINE NUMBER  
11 (a) (1)

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NAME OF COMMITTEE (in Full)

NATIONAL ACTION COMMITTEE (NACPAC)

23038544327

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Krumholz 1430 S.E. Bayshore Dr. #805 Miami, FL 33131	Geo. Krumholz, Inc. Jewelers	3-19-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Owner	Aggregate Year-to-Date > \$ 1000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela Perry 175 NW 1 Ave # 1730 Miami, FL 33128	Bierman, Shohat	3-22-93 6-25-93	250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Cohn 2900 N. Bay Road Miami Beach, FL 33140	n/a	3-19-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Golden 600 NE 36 St #1417 Miami, FL 33137	Smith Barney	3-19-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Financial Consult.	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Cooper 5000 N Bay Road Miami Beach, FL 33140	Self	3-22-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Motel Owner	Aggregate Year-to-Date > \$ 1000.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan L. Weisberg 1401 Brickell #910 Miami, FL 33131	Self	1-18-93 3-01-93 3-22-93 5-03-93 5-25-93	60.00 25.00 1000.00 25.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES & Luncheons	Occupation Attorney	Aggregate Year-to-Date > \$ 1135.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Chakanow 6297 SW 102 ST Miami, FL 33156	Barnett Office Supply	3-22-93	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Exec. V.P.	Aggregate Year-to-Date > \$ 1000.00	

SUBTOTAL of Receipts This Page (optional)

5385

TOTAL This Period (last page this line number only)



SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 7 OF 17  
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)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Micky Biss 2025 Brickell Ave #1403 Miami, FL 33129	Self	3-22-93	250.00
		5-03-93	25.00
		6-23-93	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon C/R	Occupation Real Estate	Aggregate Year-to-Date > \$ 285.00	
Daniel H. Aronson 118 W. Dilivdo Dr. Miami Beach, FL 33139	Steel Hector & Davis	3-22-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Sanford Miot 3050 Biscayne Blvd. #800 Miami, FL 33137	Gemcraft Homes	2-08-93	25.00
		3-01-93	25.00
		3-23-93	2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon & C/R	Occupation CEO	6-23-93	10.00
	Aggregate Year-to-Date > \$2560.00		
Joseph Falk 1770 Micanopy Ave Miami, FL 33133	Metropolitan Mortgage	3-22-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Mortgage Broker	Aggregate Year-to-Date > \$ 500.00	
Jonathan Slade 5215 Roosevelt St. Bethesda, MD 20814	MWW Strategic Com.	1-27-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
Robert Miller 3551 Crystal View Ct. Miami, FL 33133	N/A	2-09-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Retired	Aggregate Year-to-Date > \$500.00	
Sandy Wuliger 20 Basswood Lane Moreland Hills, Ohio 44022	N/A	2-04-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Housewife	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) ..... 4845

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 9 OF 17  
FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (in Full)  
**NATIONAL ACTION COMMITTEE (NACPAC)**

93038544330

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorraine K. Sisisky 220 Rivo Alto Dr. Miami Beach, FL 33139	N/A	3-26-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Housewife	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert C. Maland 9130 S. Dadeland Blvd #1209 Miami, FL 33156	Self	3-26-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Levine 11401 Biscayne Blvd Miami, FL 33181	Sheldon, Ribotsky et, al	3-29-93	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation CPA	Aggregate Year-to-Date > \$ 350.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey L Kravetz 1541 Brickell Ave #3406 Miami, FL 33129	Steel Hector Davis	6-21-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eliot Abbott 999 Ponce De Leon #1150 Coral Gables, FL 33134	Self	6-21-93 1-12-93	250.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Treister 1624 Nicanopy Ave Miami, FL 33133	Self	6-21-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Architect	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Levine 7860 Camino Real #1-414 Miami, FL 33143	Reserve Financial	3-01-93 5-03-93 6-23-93 6-23-93	25.00 25.00 275.00 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon & C/	Occupation Investment Broker	Aggregate Year-to-Date > \$ 335.00	

SUBTOTAL of Receipts This Page (optional)	2435
TOTAL This Period (last page this line number only)	



SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 11 OF 17  
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 (or Fund)  
**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
James Cassel 175 NW 1 Ave #200 Miami, FL 33128	Broad & Cassel	4-27-93	500.00
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 > \$ <b>500.00</b>	
Karen Margulies 4040 N. Ocean Dr Hollywood, FL 33019	N/A	4-27-93	350.00
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 > \$ <b>350.00</b>	
Ronald S. Lowy 5615 La Gorce Dr. Miami Beach, FL 33140	Self	6-16-93	500.00
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 > \$ <b>500.00</b>	
Michael Nachwalter 5920 SW 116 St Miami, FL 33156	Kenny Nachwalter	6-16-93	250.00
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 > \$ <b>250.00</b>	
Stuart J. Sisisky 220 W Rivo Alto Dr. Miami Beach, FL 33139	Self	3-01-93 5-03-93 5-25-93 6-17-93	25.00 60.00 50.00 2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues &amp; Luncheons</b>	Occupation <b>Insurance Agent</b>	Aggregate Year-to-Date > \$ <b>2635.00</b>	
Ronald Book 2875 NE 191 St #110 North Miami, FL 33180	Self	6-17-93	1000.00
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 > \$ <b>1000.00</b>	
Eric R. Sizzer P.O. Box 013308 Miami, FL 33101-3308	Self	1-22-93 6-18-93 6-23-93	30.00 500.00 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues &amp; Luncheon</b>	Occupation <b>Publicist</b>	Aggregate Year-to-Date > \$ <b>540.00</b>	

SUBTOTAL of Receipts This Page (optional)	5775
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 12 OF 17  
FOR LINE NUMBER 11 (a) (10)

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)

3333444455833333

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Papir 1971 NE 191 Dr. N. Miami Beach, Fl 33179	Darnel Inc.	6-21-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>Dues</u>	Occupation V.P.	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc N. Linowitz 1699 Coral Way #315 Miami, Fl 33145	Self	6-21-93	250.00
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 > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sol Schreiber 7001 SW 77 Pl Miami, Fl 33143	Barnett's Office Supplies	3-29-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation Consultant	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Stein 9100 S. Dadeland Blvd. #1010 Miami, Fl 33156	Self	3-29-93	500.00
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 > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Kutun 5002 N. Bay Rd. Miami Beach, Fl 33140	1st Boston Corp.	3-30-93 5-25-93	500.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues &amp; Luncheon</u>	Occupation Attorney	Aggregate Year-to-Date > \$ 525.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold H. Gordon 2 Grove Isle #201 Miami, Fl. 33133	Self	3-19-93	200.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation Real Estate	Aggregate Year-to-Date > \$ 200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allen H. Benowitz 46 SW 1 Ave Miami, Fl 33130	Self	3-01-93 4-01-93 5-03-93 5-25-93	25.00 1000.00 25.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues &amp; Luncheon</u>	Occupation Video Conferencing	Aggregate Year-to-Date > \$ 1075.00	

SUBTOTAL of Receipts This Page (optional)	3550
TOTAL This Period (last page this line number only)	



SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the Detailed Summary Page

14 17  
FOR LINE NUMBER  
11 (a) (i)

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NAME OF COMMITTEE (in Full)

NATIONAL ACTION COMMITTEE (NACPAC)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Kislak 701 Brickell Ave, Suite 1400 Miami, FL 33131	Self	4-01-93	2500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Investor	Aggregate Year-to-Date > \$2500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Spector 201 S. Biscayne Blvd #400 Miami, FL 33131	Kenny Nachwalter	4-01-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Handleman 9102 W. Bay Harbour Dr. #10 DW Bay Harbour, FL 33154	N/A	5-25-93 6-28-93	95.00 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheons	Occupation Retired	Aggregate Year-to-Date > \$595.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rabbi Barry Tabachnikoff Congregation Bet Breira 9400 SW 87 Ave Miami, FL 33176	Congregation Bet Breira	6-28-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Rabbi	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Ross 29 Star Island Miami Beach, FL 33139	N/A	3-23-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Retired	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Hallring 2000 S. Bayshore Dr. #19 Miami, FL 33133	Superior Window	4-01-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation C.E.O.	Aggregate Year-to-Date > \$ 500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Bittel 1200 Brickell Ave. Suite 1500 Miami, FL 33131	Terranova Realty	4-01-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation C.E.O.	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional)	5095
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph A. Smith 201 S. Biscayne Blvd. #1400 Miami, FL 33131	First Equity	2-03-93 5-03-93	250.00 25.00
	Occupation Stockbroker	Aggregate Year-to-Date > \$ 275.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Franklin Kreutzer 3041 NW 7 St #100 Miami, FL 33125	Self	2-09-93 1500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Jeff Newman 5046 Biscayne Blvd. Miami, FL 33137	Self	1-04-93 6-12-93 600.00 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Joe Gersten 2303 Ponce De Leon Blvd Miami, FL 33134	Self	1-04-93 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Aimee Stein 5800 Alton Rd. Miami, FL 33140	FP&L	1-05-93 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Barry Burak 8000 SW 67 Ave Miami, FL 33143	Self	1-06-93 4-01-93 225.00 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Tom Lehman 1293 NE 95 St Miami Shores, FL 33138	Tew Garcia-Pedrosa	1-18-93 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			

SUBTOTAL of Receipts This Page (optional) ..... 3625

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

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 16 OF 17  
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

NATIONAL ACTION COMMITTEE (NACPAC)

930344337

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Zilber 1995 NE 142 St N. Miami, FL 33181	Metro Limo	5-10-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	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
Steven G. Messing One Biscayne Tower #2800 Miami, FL 33131	KPMG Peat Marwick	5-19-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation CPA	Aggregate Year-to-Date > \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Roy J. Kahn 799 Brickell Plaza #801 Miami, FL 33131	Self	5-21-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benjamin D. Levy 2665 S. Bayshore, 5 Floor Miami, FL 33133	Pyszka Kessler	5-21-93 6-23-93	500.00 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Cocktail Rcpt	Occupation Attorney	Aggregate Year-to-Date > \$ 510.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Howard Kaplan 1 Palm Bay Tower #19 North Miami, FL 33138	TransChemical	6-23-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation E.V.P.	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Felsher One Grove Isle Dr. #1702 Coconut Grove, FL 33133	Riverdale Farms	4-07-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc Silverman 5770 SW 128 ST Miami, FL 33156	Silverman Insurance	3-31-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Sales	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

2010

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

NATIONAL ACTION COMMITTEE (NACFAC)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Shohat 175 N.W. 1 Ave #1730 Miami, FL 33128	Bierman Shohat	4-27-93	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Murray Galinson 700 Front St. #1701 San Diego, CA 92101	San Diego Nat'l Bank	3-31-93	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation President/C.E.O.	Aggregate Year-to-Date > \$ 250.00	
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)	750
TOTAL This Period (last page this line number only)	62,400

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NAME OF COMMITTEE (in Full)

NATIONAL ACTION COMMITTEE (NACPAC)

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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		1-01-93 thur 6-30-93	10,403.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-to-Date	
<input checked="" type="checkbox"/> Other (specify): Dues, Luncheons, etc.		> \$ 10,380.00	
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	Occupation	Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		> \$	
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	Occupation	Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		> \$	
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	Occupation	Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		> \$	
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	Occupation	Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		> \$	
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	Occupation	Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		> \$	
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	Occupation	Aggregate Year-to-Date	
<input type="checkbox"/> Other (specify):		> \$	

SUBTOTAL of Receipts This Page (optional) ..... 10,403.00

TOTAL This Period (see page this line number only) ..... 10,403.00

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in Full)

NATIONAL ACTION COMMITTEE (NACPAC)

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A. Full Name, Mailing Address and ZIP Code Greenberg Traurig PAC 1221 Brickell Ave Miami, FL 33129 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Greenberg, Traurig Occupation Law Firm Aggregate Year-to-Date > \$	Date (month, day, year) 1-12-93	Amount of Each Receipt this Period 1000.00
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) ..... 1000

TOTAL This Period (last page this line number only) ..... 1000



SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

NATIONAL ACTION COMMITTEE (NACPAC)

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Van-Dee Mailing Service 2201 Stirling Road Ft. lauderdale, FL 33312	Mailing service and postage	5-11-93	167.47
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6-29-93	57.75
Be-Wise Printing 15050 NE 20 Ave N. Miami, FL 33181	Printing	3-12-93	141.29
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3-12-93	147.89
J.V.M. Companies 3600 S. State Rd. Miami, FL 33128	Mailing Service and Postage	1-13-93	70.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-12-93	150.00
		3-10-93	106.76
		3-25-93	74.20
The Miami Herald 1 Herald Plaza Miami, FL 33131	Advertisement	1-07-93	135.15
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2-08-93	55.68
		5-14-93	82.65
Unitemized Disbursements Under \$200.00	Couriers, Printing, etc	1-01-93	1407.61
		to 6-30-93	
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)	2596.45
TOTAL This Period (last page this line number only)	13,218.87

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

NATIONAL ACTION COMMITTEE (NACPAC)

33038544343

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Frank Lautenberg U.S. Senate Washington, DC 20510	U.S. Senate Campaign YTD: 5,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary	3-01-93	5,000.00
Cong. Joseph P. Kennedy II U.S. House of Reps. Washington, DC 20515	U.S. House of Rep. Camp YTD: 1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Election	3-19-93	1,000.00
Cong. Peter Deutsch U.S. House of Reps. Washington, DC 20515	U.S. House of Rep. Camp YTD: 1,000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1992 Primary Debt Retirement	1-15-93	1,000.00
Cong. Alcee Hastings U.S. House of Reps. Washington, DC 20515	U.S. House of Rep. Camp YTD: 1,000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary	1-15-93	1,000.00
Vaughn S. Forrest, Chief of Staff Cong. Bill McCollum U.S. House of Reps., Wash., D.C.	Retirement Debt of 1992 Primary Elect. Camp YTD: 750.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1992 Primary Debt	2-01-93	750.00
Sen. Bob Krueger U.S. Senate Washington, DC 20510	U.S. Senate Campaign YTD: 500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1993 Primary	4-12-93	500.00
Cong. E. Clay Shaw U.S. House of Reps. Washington, DC 20515	U.S. House of Rep. Camp YTD: 1,500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary E.	4-19-93	1,500.00
Cong. Jim Bacchus U.S. House of Reps. Washington, DC 20515	U.S. House of Rep. Camp YTD: 500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary E.	4-23-93	500.00
Sen. Joseph Lieberman U.S. Senate Washington, DC 20510	U.S. Senate Campaign YTD: 500.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary Election	5-21-93	500.00

SUBTOTAL of Disbursements This Page (optional) ..... 11750

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 (NACFAC)

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Deoncini U.S. Senate Washington, DC	U.S. Senate Campaign YTD: 5000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary Election	5-21-93	5000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Jim Chapman U.S. House of Reps. Washington, DC 20515	U.S. House of Rep. Camp YTD: 1000.00 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary Election Camp	6-07-93	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Bob Bennett U.S. Senate Washington, DC 20515	U.S. Senate Camp. Debt Retirement YTD: 1000.00 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1992 General Debt Ret. Election Camp	6-21-93	1000.00
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 <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 <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 (top row)	7000
TOTAL This Period (last page this line number only)	18750

**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)**

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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stephen Ross 29 Star Island Miami Beach, FL 33139	1993 Dues (refund) Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5-17-93	500.00
B. 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
C. 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
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	500
<b>TOTAL</b> This Period (last page this line number only) .....	500



