

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

Apr 8 11 19 98

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>701 Brickell Avenue, Suite 3260</b>	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).
CITY, STATE and ZIP CODE  <b>Miami, FL 33131</b>	

### 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election) election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/98</u> through <u>03/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 15,454
(b) Cash on Hand at Beginning of Reporting Period	\$ 15,454	
(c) Total Receipts (from Line 19)	\$ 33,102	\$ 33,102
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 48,556	\$ 48,556
7. Total Disbursements (from Line 30)	\$ 28,108	\$ 28,108
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,448	\$ 20,448
9. Debts and Obligations Owed TO 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 20468 Toll Free 800-424-9530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ N/A	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
**Judith Ellenbogen by Chairman, Mark R. Vogel**

Signature of Treasurer Date **04/2/98**

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

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

(revised 1/1/91)

NAME OF COMMITTEE <b>National Action Committee (NACPAC)</b>	REPORT COVERING PERIOD FROM <b>01/01/98</b> TO: <b>03/31/98</b>	
	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) .....	28,150	28,150
ii. Unitemized .....	4,899	4,899
ii. Total .....	33,049	33,049
b. Political Party Committees .....	N/A	N/A
c. Other Political Committees (such as PACs) .....	N/A	N/A
d. Total Contributions .....	33,049	33,049
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
15. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	N/A	N/A
17. Other Federal Receipts (Dividends, Interest, etc.) .....	53	53
18. Transfers from Nonfederal Account for Joint Activity .....	N/A	N/A
19. Total Receipts .....	33,102	33,102
20. Total Federal Receipts .....	33,102	33,102
<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 .....	3,108	3,108
c. Total Operating Expenditures .....	3,108	3,108
22. Transfers to Affiliated/Other Party Committees .....	N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	25,000	25,000
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 .....	N/A	N/A
b. Political Party Committees .....	N/A	N/A
c. Other Political Committees (such as PACs) .....	N/A	N/A
d. Total Contribution Refunds .....	N/A	N/A
29. Other Disbursements .....	N/A	N/A
30. Total Disbursements .....	28,108	28,108
31. Total Federal Disbursements .....	28,108	28,108
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d) .....	33,049	33,049
33. Total Contribution Refunds (from line 28d) .....	N/A	N/A
34. Net Contributions (other than loans)(subtract line 33 from 32) .....	33,049	33,049
35. Total Federal Operating Expenditures .....	3,108	3,108
36. Offsets to Operating Expenditures (from line 15) .....	N/A	N/A
37. Net Operating Expenditures .....	3,108	3,108

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 8  
FOR LINE NUMBER 11.a.i.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanley Weiss 21777 Ventura Blvd. Woodland Hills, CA 91364	Plaza International	01/05/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation: <u>Partner</u> Aggregate Year-to-Date > \$ <u>1,000</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc Silverman 5770 S.W. 128th Street Miami, FL 33156	Silverman Financial Securities	01/06/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation: <u>President</u> Aggregate Year-to-Date > \$ <u>500</u>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Solomon 2501 Hollywood Blvd. Hollywood, FL 33020	EAP Mgmt. Corp.	01/08/98	360
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation: <u>President</u> Aggregate Year-to-Date > \$ <u>360</u>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Romain 1211 S.W. Fifth Ave., #1500 Portland, OR 97204	Self	01/08/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation: <u>Attorney</u> Aggregate Year-to-Date > \$ <u>250</u>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Shohat 800 Brickell Ave. Penthouse II Miami, FL 33131	Bierman, Shohat	01/08/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation: <u>Attorney</u> Aggregate Year-to-Date > \$ <u>500</u>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Glickstein 4444 Chase Ave. Miami Beach, FL 33140	Temple Beth Shalom	01/08/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation: <u>Rabbi</u> Aggregate Year-to-Date > \$ <u>500</u>		
G. 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	Self	01/08/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation: <u>Jeweler</u> Aggregate Year-to-Date > \$ <u>1,000</u>		

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

4,310

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 2 OF 8  
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 committees.

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
Bert Sager P.O. Box 43-1495 Miami, FL 33243	Self	01/09/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard Cohn 1800 N.E. 114th Street, #1009 North Miami, FL 33181	N/A	01/09/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray Ellen Yarkin 10340 W. Broadview Dr. Bay Harbor, FL 33154	Self	01/09/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 500		
D. 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., Suite 400 Miami, FL 33131	Kenny, Nachwalter et al.	01/09/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Golden 1210 98th Street Bay Harbor Islands, FL 33154	Smith Barney	01/12/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Stockbroker Aggregate Year-to-Date > \$ 250		
F. 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	Ribotsky, Levine et al.	01/12/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Levy 780 N.W. 69th Street, Suite 1703 Miami, FL 33138	Self	01/14/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Public relations Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional) ..... 3,000

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 8

FOR LINE NUMBER 11, a, 1, v

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Diener 1221 Brickell Ave., #920 Miami, FL 33131	Hotel Reservation Network	01/15/98 01/15/98	500 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: President	Aggregate Year-to-Date > \$ 525	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
H. Allen Benowitz 46 S.W. 1st St., #100 Miami, FL 33130	Benowitz Court Reporters	01/15/98 01/15/98	500 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Court Reporter	Aggregate Year-to-Date > \$ 525	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Flatto 1438 Jefferson Ave. Miami Beach, FL 33139	Self	01/15/98 03/23/98	250 300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Nutritional Counselor	Aggregate Year-to-Date > \$ 550	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence Smith 3511 N. 52nd Ave. Hollywood, FL 33021	Self	01/15/98 01/16/98	250 50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheons	Occupation: Lobbyist	Aggregate Year-to-Date > \$ 300	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Irving Miller 2601 Biscayne Blvd. Miami, FL 33137	Self	01/16/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Real Estate Dev.	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lori Deutsch P.O. Box 817689 Hollywood, FL 33081	N/A	01/22/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Homemaker	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Feinberg 9100 South Dadeland Blvd., #900 Miami, FL 33156	EMF Assoc.	01/22/98 02/20/98 03/20/98	250 250 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Lobbyist	Aggregate Year-to-Date > \$ 750	

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

3,150

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 4 OF 8  
FOR LINE NUMBER 11.a.i.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernie Wolfson 3165 Via Abitare Cocoanut Grove, FL 33133	Wolfson & Starkman	01/22/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Swaye 1870 N.E. 118th Road N. Miami Beach, FL 33181	Self	01/22/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Medical Doctor Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Friedman 7610 S.W. 133 Street Miami, FL 33156	N/A	01/22/98	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired Aggregate Year-to-Date > \$ 1,000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Traurig 1221 Brickell Avenue Miami, FL 33131	Greenberg, Traurig	01/22/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Becker 2000 Island Ave., #2610 North Miami Beach, FL 33160	Southern Wine & Spirits	01/22/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Vice President Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacob Friedman 2500 S. Ocean Blvd., #11-3B Palm Beach, FL 33480	N/A	01/23/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Kutan 2012 Fisher Island Drive Fisher Island, FL 33109	First Southwest	01/25/98	400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Investment Banker Aggregate Year-to-Date > \$ 400		

SUBTOTAL of Receipts This Page (optional)

3,400

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 5 OF 8  
FOR LINE NUMBER 11.a.1.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**

National Action Committee (NACPAC)

<b>A. Full Name, Mailing Address and ZIP Code</b> Eric Sisser 1800 S. Bayshore Dr. Coconut Grove, FL 33133		Name of Employer Self	Date (month, day, year) 02/04/98	Amount of Each Receipt this Period 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Occupation Public Relations	Aggregate Year-to-Date > \$ 1,000	
<b>B. Full Name, Mailing Address and ZIP Code</b> Lynn Schusterman 2142 Forest Blvd. Tulsa, OK 74114		Name of Employer N/A	Date (month, day, year) 02/02/98	Amount of Each Receipt this Period 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Occupation Housewife	Aggregate Year-to-Date > \$ 1,000	
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert Merlin 5810 Maggiore St. Miami, FL 33146		Name of Employer Self	Date (month, day, year) 02/04/98	Amount of Each Receipt this Period 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Occupation Attorney	Aggregate Year-to-Date > \$ 250	
<b>D. Full Name, Mailing Address and ZIP Code</b> Paul Cummings 1428 Brickell Ave., #400 Miami, FL 33131		Name of Employer Self	Date (month, day, year) 02/09/98	Amount of Each Receipt this Period 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Occupation Attorney	Aggregate Year-to-Date > \$ 500	
<b>E. Full Name, Mailing Address and ZIP Code</b> Martin Zilber 1994 N.E. 142nd St. N. Miami, FL 33181		Name of Employer Self	Date (month, day, year) 02/09/98	Amount of Each Receipt this Period 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Occupation Attorney	Aggregate Year-to-Date > \$ 250	
<b>F. Full Name, Mailing Address and ZIP Code</b> Joel Karp 2 Alhambra Plaza, #1202 Coral Gables, FL 33134		Name of Employer Karp & Gencover, P.A.	Date (month, day, year) 02/12/98	Amount of Each Receipt this Period 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Occupation Attorney	Aggregate Year-to-Date > \$ 250	
<b>G. Full Name, Mailing Address and ZIP Code</b> Eric B. Feldman 717 Ponce de Leon Blvd., #204 Coral Gables, FL 33134		Name of Employer Self	Date (month, day, year) 02/16/98	Amount of Each Receipt this Period 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Occupation Attorney	Aggregate Year-to-Date > \$ 500	

**SUBTOTAL** of Receipts This Page (optional) ..... 3,750

**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 6 OF 8  
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 elicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Charles Ganz 2800 Island Blvd., #1705 N. Miami Beach, FL 33160	Mellon Bank	02/16/98	1,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Investment Banker Aggregate Year-to-Date > \$ 1,500		
Jay Kislak 7900 Miami Lakes Dr. West Miami Lakes, FL 33016	Kislak Mortgage	02/19/98	1,200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$ 1,200		
Richard Linevsky 2000 S.W. 15 Rd., #7G Miami, FL 33129	Gelina & Assoc.	02/20/98 03/23/98	425 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Leasing Agent Aggregate Year-to-Date > \$ 450		
Howard Ash 4233 Sheridan Ave. Miami Beach, FL 33140	BioCard	02/20/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Chief Operating Officer Aggregate Year-to-Date > \$ 250		
Barry Yarchin 2051 N.E. 208th St. Miami, FL 33179	Self	02/26/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 250		
Morris Futernick 2 Grove Isle Drive, #1509 Coconut Grove, FL 33133	Smith Terminal Dist.	02/26/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$ 500		
Alan Weisberg 1401 Brickell Ave., Suite 800 Miami, FL 33131	Weisberg & Kainan	02/26/98 01/16/98	1,000 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Attorney Aggregate Year-to-Date > \$ 1,025		

SUBTOTAL of Receipts This Page (optional)

5,175

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 7 OF 8  
FOR LINE NUMBER 11.a.i.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald S. Lowy 5615 La Gorce Drive Miami Beach, FL 33140	Self	03/03/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 500		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Karl 6500 S.W. 114 Street Miami, FL 33156	Self	03/10/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Medical Doctor Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Cooper 5000 N. Bay Rd. Miami Beach, FL 33140	Self	03/17/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Hotel Owner Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barbara Feingold 2353 N.E. 212 Terr. North Miami Beach, FL 33180	N/A	03/17/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Homemaker Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Taffy Gould 10 Edgewater Dr., #14F Coral Gables, FL 33133	Self	03/19/98 03/23/98	500 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Radio Talk Show Host Aggregate Year-to-Date > \$ 525		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Papir 1971 A.E. 191 Drive North Miami Beach, FL 33179	Darnel Inc.	03/19/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Vice President Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Smith 201 S. Bayshore Blvd., #1400 Miami, FL 33131	First Equity Corp.	03/19/98 03/23/98	535 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Vice President Aggregate Year-to-Date > \$ 560		

SUBTOTAL of Receipts This Page (optional)

3,335

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Felsher One Grove Isle Drive, #1702 Coconut Grove, FL 33133	Riverdale Farms	03/19/98	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>	Occupation: <b>President</b> Aggregate Year-to-Date > \$ <b>300</b>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charlotte Chester 2950 Alton Road. Miami Beach, FL 33140	Self	03/20/98 03/23/98	700 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues &amp; Luncheons</b>	Occupation: <b>Investor</b> Aggregate Year-to-Date > \$ <b>725</b>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Mandel 5223 North Bay Road Miami Beach, FL 33140	Self	01/23/98 03/23/98	180 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues &amp; Luncheon</b>	Occupation: <b>Attorney</b> Aggregate Year-to-Date > \$ <b>205</b>		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George Mitnick PO Box 3128 Jasper, AL 35502	N/A	03/23/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>	Occupation: <b>Retired</b> Aggregate Year-to-Date > \$ <b>250</b>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen E. Rose 4870 N. Hills Drive Hollywood, FL 33021	Greater Miami Jewish Federation Foundation	03/26/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>	Occupation: <b>Fundraiser</b> Aggregate Year-to-Date > \$ <b>500</b>		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Goldenberg 6750 France Ave., South, Suite 260 Edina, MN 55435	Self	03/26/98	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>DUES</b>	Occupation: <b>Retired</b> Aggregate Year-to-Date > \$ <b>250</b>		
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 > \$		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2,230
<b>TOTAL</b> This Period (last page this line number only) .....	28,150

**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)

<b>A. Full Name, Mailing Address and ZIP Code</b> Unitemized Receipts Under \$200		Name of Employee: Occupation	Date (month, day, year) 01/01/98 through 03/31/98	Amount of Each Receipt this Period 4,899
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues &amp; Luncheons</u>		Aggregate Year-to-Date > \$		
<b>B. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		
<b>C. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		
<b>D. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		
<b>E. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		
<b>F. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		
<b>G. Full Name, Mailing Address and ZIP Code</b>		Name of Employer Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$		

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

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

4,899

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

National Action Committee (NACFAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark R. Vogel, P.A. 701 Brickell Ave., Suite 3260 Miami, FL 33131	Reimb. of Admin. Exp.	01/05/98	750
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	02/02/98	750
	<input type="checkbox"/> Other (specify)	03/03/98	750
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bankers Club 2 So. Biscayne Blvd. Miami, FL 33131	Luncheon	01/27/98	647.32
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Miscellaneous disbursements under \$200	Copies, courier, meetings	01/01/98 through 03/31/98	211.14
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....	3,108.46
TOTAL This Period (last page this line number only) .....	Rounded 3,108.

SCHEDULE B

ITEMIZED DISBURSEMENTS

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$5,000	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Alfonse D'Amato U.S. Senate Washington, D.C. 20510	U.S. Senate Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General	01/09/98	5,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$250	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Spencer Bachus U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General	01/22/98	250
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$250	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Bud Cramer U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General	01/22/98	250
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$500	Date (month, day, year)	Amount of Each Disbursement This Period
Erik Hearon P.O. Box 4183 Jackson, MS 39296	U.S. House of Rep. Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Primary	02/12/98	500
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$1,500	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Alcee Hastings U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General	02/12/98	1,500
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$2,500	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Russell Feingold U.S. Senate Washington, D.C. 20510	U.S. Senate Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Primary	02/12/98	2,500
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$1,000	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Jack Reed U.S. Senate Washington, D.C. 20510	U.S. Senate Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2002 General	02/16/98	1,000
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$1,000	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Bob Filner U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Campaign Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General	03/11/98	1,000
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$10,000	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Bob Graham U.S. Senate Washington, D.C. 20510	U.S. Senate Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Primary & General (\$5,000 each)	03/18/98	10,000

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

22,000

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Barbara Boxer U.S. Senate Washington, D.C. 20510	YTD: \$3,000 U.S. Senate Campaign Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 Primary	03/30/98	3,000
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

SUBTOTAL of Disbursements This Page (optional)

3,000

TOTAL This Period (last page this line number only)

25,000

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 4/2/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 E.S.	 4/8/98
PREPARER	DATE PREPARED