

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

APR 15 1 51 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Action Committee (NACPAC)	2. FEC IDENTIFICATION NUMBER CO 0147983
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 201 So. Biscayne Blvd., Ste. 880	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Miami, FL 33131	

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>01-01-96</u> through <u>03-31-96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 11,973
(b) Cash on Hand at Beginning of Reporting Period	\$ 11,973	
(c) Total Receipts (from Line 1B)	\$ 41,278	\$ 41,278
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 53,251	\$ 53,251
7. Total Disbursements (from Line 3C)	\$ 34,709	\$ 34,709
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 18,542	\$ 18,542
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 800 E Street, NW Washington, DC 20483 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ N/A	

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

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

Signature of Treasurer Date
04/12/96

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

96030405379

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

(revised 1/1/91)

NAME OF COMMITTEE National Action Committee (NACFAC)		REPORT COVERING PERIOD FROM 01-01-96 TO: 03-31-96	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		36,900	36,900
ii. Unitemized		4,296	4,296
iii. Total	(add i and ii) >	41,196	41,196
b. Political Party Committees		N/A	N/A
c. Other Political Committees (such as PACs)		N/A	N/A
d. Total Contributions	(add a ii, b and c) >	41,196	41,196
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	82	82
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) >	41,278	41,278
20. Total Federal Receipts	(subtract line 18 from line 19) >	41,278	41,278
II. Disbursements			
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		7,459	7,459
c. Total Operating Expenditures	(add a i, a ii, and b) >	7,459	7,459
22. Transfers to Affiliated/Other Party Committees		N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees		27,250	27,250
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	(add a, b and c) >	N/A	N/A
29. Other Disbursements		N/A	N/A
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	34,709	34,709
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	34,709	34,709
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		41,196	41,196
33. Total Contribution Refunds (from line 28d)		N/A	N/A
34. Net Contributions (other than loans)(subtract line 33 from 32)		41,196	41,196
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	7,459	7,459
36. Offsets to Operating Expenditures (from line 15)		N/A	N/A
37. Net Operating Expenditures	(subtract line 36 from 35) >	7,459	7,459

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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
Norman Levine 11401 Biscayne Blvd. Miami, FL 33181	Sheldon, Ribotsky et al	01-03-96	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: CPA 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
Ettie Paul 500 Bayview Dr., #1428 N. Miami Beach, FL 33160	Royal Caribbean Cruises	01-03-96	\$450
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Computers Aggregate Year-to-Date > \$450		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Berdele Katz 5555 Reservoir Dr., #112 San Diego, CA 92120	N/A	01-03-96	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Housewife 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
Robert Asher 211 East Chicago Ave., #200 Chicago, IL 60611	Chilo Manufacturing	01-03-96	\$2,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$2,000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Falk 1770 Micanopy Ave. Miami, FL 33133	Metropolitan Mortgage	01-03-96 03-20-96	\$500 \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Vice President Aggregate Year-to-Date > \$1,000		
F. 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. 212th Terr. N. Miami Beach, FL 33180	Dentalland Dental Centers	01-03-96	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Business Manager 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
Morton Friedkin 1340 Clay Street, #901 San Francisco, CA 94109	Friedkin Becker Realty	01-09-96	\$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		

SUBTOTAL of Receipts This Page (optional) \$5,450

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 8
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
Richard Linevsky 200 S.E. 15 Road, #7E Miami, FL 33129	Maurice Gelina & Associates	01-09-96	\$375
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Assoc. Vice Pres. Aggregate Year-to-Date > \$375		
B. 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	01-09-96	\$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		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eleanor Katz 4030-C Sheridan St. Hollywood, FL 33021	N/A	01-09-96	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Homemaker 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
Sol Schreiber 7001 S.W. 77th Place Miami, FL 33143	Barnett's Office supplies	01-09-96	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Consultant 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
Ronald Kohn 12500 S.W. 68th Street Miami, FL 33156	Self	01-09-96	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Clothing Manufacturer Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Book 2875 N.W. 191 Street, #810 Miami, FL 33180	Self	01-11-96	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Attorney Aggregate Year-to-Date > \$ 1,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Fred Chekanow 6297 S.W. 102 Street Miami, FL 33156	Barnett Office supply	01-11-96	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Executive Vice-President Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional) \$4,375

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
Lori Deutsch P.O. Box 817689 Hollywood, FL 33081	N/A	01-11-96	\$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		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Feinberg 9100 So. Dadeland Blvd., #900 Miami, FL 33156	EMF Associates	01-11-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheons	Occupation: President	02-14-96	250
	03-20-96	250	
	Aggregate Year-to-Date > \$ 750		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Slade 1101 17th St., N.W., #202 Washington, DC 20036	MW Strategic	01-11-96	\$350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Public Relations		
	Aggregate Year-to-Date > \$ 350		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Jacobson 3650 N. 36 Ave., Villa 39 Hollywood, FL 33021	American Banker's	01-15-96	\$700
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheons	Occupation: Computers	01-15-96	64
	02-16-96	27	
	Aggregate Year-to-Date > \$ 818		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Jacobson 3650 N. 36 Ave., Villa 39 Hollywood, FL 33021	American Banker's	03-25-96	\$ 27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon	Occupation: Computers		
	Aggregate Year-to-Date > \$ 818		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stuart Slesky 6690 Windsor Lane Miami Beach, FL 33141	Self	01-15-96	\$2,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheons	Occupation: Insurance	01-18-96	64
	02-16-96	27	
	03-25-96	26	
	Aggregate Year-to-Date > \$ 2,617		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Fried 555 N.E. 34th St., Apt. #2606 Miami, FL 33137	Grubb & Ellis	03-27-96	\$ 64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheon	Occupation: Broker	03-27-96	180
	Aggregate Year-to-Date > \$ 244		

SUBTOTAL of Receipts This Page (optional)	\$5,029
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)

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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
Lorraine Siskis 6690 Windsor Lane Miami Beach, FL 33141	N/A	01-15-96	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Homemaker	Aggregate Year-to-Date > \$ 1,000	
B. 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	01-17-96	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Insurance	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 Lando 1121 Manati Avenue Miami Beach, FL 33141	Deloitte & Touche	01-17-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: CPA	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Vogel 201 S. Biscayne Blvd., Ste. 880 Miami, FL 33131	Self	01-17-96 01-17-96 02-16-96	\$1,000 27 27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheons	Occupation: Attorney	Aggregate Year-to-Date > \$ 1,081	
E. 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	01-18-96	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Attorney	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Kislak 7900 Miami Lakes Drive West Miami Lakes, FL 33016	Kislak Mortgage	01-31-96	\$1,200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Mortgage Banker	Aggregate Year-to-Date > \$ 1,200	
G. 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 Harbour Islands, FL 33154	Merril Lynch	01-31-96	\$275
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Financial Consultants	Aggregate Year-to-Date > \$ 275	

SUBTOTAL of Receipts This Page (optional)

\$5,279

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 8
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

96030405335

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark Vogel 201 S. Biscayne Blvd., Ste. 880 Miami, FL 33131	Self	03-25-96	\$27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Luncheon	Occupation: Attorney Aggregate Year-to-Date > \$ 1,081		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandy Mlot 1 S.E. 3rd Ave., 15th Floor Miami, FL 33131	Self	01-31-96	\$2,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Real Estate Aggregate Year-to-Date > \$ 2,500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Stonberg 758 Lake View Drive Miami Beach, FL 33140	Self	02-06-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: CPA Aggregate Year-to-Date > \$ 250		
D. 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	02-06-96	\$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
George Krumholz 1430 S.E. Bayshore Dr., #805 Miami, FL 33131	Self	02-06-96	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Jeweler Aggregate Year-to-Date > \$ 1,000		
F. 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. 114 St., #1009 Miami, FL 33181	N/A	02-06-96	\$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
Alan Weisberg 1401 Brickell Ave., #800 Miami, FL 33131	Self	02-06-96 02-16-96	\$500 64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES & luncheons	Occupation: Attorney Aggregate Year-to-Date > \$ 564		

SUBTOTAL of Receipts This Page (optional) \$5,341

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

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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 Micky Bliss 2025 Brickell Ave., #1403 Miami, FL 33129		Name of Employer Self	Date (month, day, year) 02-14-96	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 Real Estate	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code Robert Karl 6500 S.W. 114 Street Miami, FL 33156		Name of Employer Self	Date (month, day, year) 02-14-96	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 Physician	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code William Jelin 1173 Hillsboro Mile, Unit 3 Hillsboro, FL 33062		Name of Employer NRG Barriers	Date (month, day, year) 02-21-96	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 President	Aggregate Year-to-Date > \$ 1,000	
D. Full Name, Mailing Address and ZIP Code Don Solomon 2501 Hollywood Blvd. Hollywood, FL 33020		Name of Employer EAP Management Corp.	Date (month, day, year) 02-20-96	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 President	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code Lynn Schusterman 2142 Forest Blvd. Tulsa, OK 74114		Name of Employer N/A	Date (month, day, year) 02-21-96	Amount of Each Receipt this Period \$700
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES		Occupation Homemaker	Aggregate Year-to-Date > \$ 700	
F. Full Name, Mailing Address and ZIP Code Harold Schitzer P.O. Box 2708 Portland, OR		Name of Employer Harsch Investments	Date (month, day, year) 02-21-96	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 President	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code Judi Ellenbogen 9801 Collins Ave., 8K Bal Harbour, FL 33154		Name of Employer Merrill Lynch	Date (month, day, year) 02-16-96 03-25-96 03-27-96	Amount of Each Receipt this Period \$ 27 27 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES & luncheons		Occupation Stockbroker	Aggregate Year-to-Date > \$ 304	

SUBTOTAL of Receipts This Page (optional) \$4,004

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)(1)

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NAME OF COMMITTEE (In Full)

National Action Committee (NACFAC)

96030405397

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Morris Futernick 2 Grove Isle Drive #1509 Miami, FL 33133	Smith Terminal Distributors	02-16-96	\$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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Neal Sonnett One Biscayne Tower, #2600 Miami, FL 33172	Self	02-19-96 02-19-96	\$ 27 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheons	Occupation Attorney	Aggregate Year-to-Date > \$ 527	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leroy Raffel 1380 N.E. Miami Grds. Dr., #207 Miami, FL 33179	N/A	03-07-96 03-25-96	\$500 27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheons	Occupation Retired	Aggregate Year-to-Date > \$ 527	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Adler 8181 N.W. 14 St., 3rd Floor Miami, FL 33186	Adler Group	03-07-96	\$1,250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation President	Aggregate Year-to-Date > \$ 1,250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Goldmeier 1840 Coral Way, #201 Miami, FL 33145	Self	03-07-96	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Real Estate	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Ganz 2875 N.E. 191 Street, PH 1 North Miami Beach, FL 33180	Ganz Capitol	03-07-96	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation President	Aggregate Year-to-Date > \$ 1,000	
G. 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., Ste. 400 Miami, FL 33131	Kenny, Nachwalter, et al	03-20-96	\$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	

SUBTOTAL of Receipts This Page (optional) \$4554

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 8 OF 8
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
Ben Marks 19667 Turnberry Way Miami, FL 33180	N/A	03-07-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Retired	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
Gloria Friedman 7610 S.W. 133 Street Miami, FL 33156	N/A	03-25-96 03-25-96	\$1,000 54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Homemaker	Aggregate Year-to-Date > \$ 1,054	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Fishman 20803 Biscayne Blvd., #300 No Miami Beach, FL 33180	Self	03-25-96 03-25-96	\$500 64
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheons	Occupation Attorney	Aggregate Year-to-Date > \$ 564	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Kutun 2012 Fisher Island Drive Fisher Island, FL 33109	Fist Boston Corp.	03-25-96	\$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
Herman Rubin 400 So. Pointe Drive, #2408 Miami Beach, FL 33139	N/A	03-25-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Retired	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
Bradley Kastan 2355 Commonwealth Park So. Columbus, OH 43209	Paine Webber	03-27-96	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation Stock broker	Aggregate Year-to-Date > \$ 200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Felshner One Grove Isle Dr., #1702 Miami, FL 33133	Riverdale Farms	03-27-96	\$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation President	Aggregate Year-to-Date > \$ 300	

SUBTOTAL of Receipts This Page (optional) \$ 2,868
TOTAL This Period (last page this line number only) 36,900

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code Itemized Receipts under \$250 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) 01-01-96 through 03-31-96	Amount of Each Receipt this Period \$4,296
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) 4,296

TOTAL This Period (last page this line number only) \$4,296

96030405389

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 21(b)

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark R. Vogel, P.A. 201 S. Biscayne Blvd., Ste. 880 Miami, FL 33131	Reimbursement of administrative expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-02-96	\$1,500.00
		01-22-96	57.00
		02-02-96	1,500.00
Mark R. Vogel, P.A. 201 S. Biscayne Blvd., Ste. 880 Miami, FL 33131	Reimbursement of administrative expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02-07-96	\$ 42.06
		03-05-96	23.39
		03-06-96	1,500.00
C. Full Name, Mailing Address and ZIP Code Mari Moreira P.O. Box 832253 Miami, FL 33283	Purpose of Disbursement Parking & Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-03-96	\$ 57.00
		01-26-96	114.00
		02-29-96	114.00
D. Full Name, Mailing Address and ZIP Code Mari Moreira P.O. Box 832253 Miami, FL 33283	Purpose of Disbursement Parking & Insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-27-96	\$ 114.00
E. Full Name, Mailing Address and ZIP Code Van Dee Mailing Service P.O. Box 1 Hollywood, FL 33022-0001	Purpose of Disbursement Postage & printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-16-96	\$ 33.39
		01-25-96	150.00
		02-08-96	26.49
F. Full Name, Mailing Address and ZIP Code Van Dee Mailing Service P.O. Box 1 Hollywood, FL 33022-0001	Purpose of Disbursement Postage & printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-12-96	\$ 150.00
		03-27-96	25.21
G. Full Name, Mailing Address and ZIP Code The Bankers Club 2 Biscayne Blvd., 14th floor Miami, FL 33131	Purpose of Disbursement Member luncheons Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-23-96	\$ 782.00
		03-27-96	289.00
		03-27-96	391.00
H. Full Name, Mailing Address and ZIP Code Mayra Padron 1335 W. 49th Place, Apt. 218 Hialeah, FL 33012	Purpose of Disbursement Parking & insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-03-96	\$ 57.00
		01-26-96	57.00
		02-26-96	57.00
I. Full Name, Mailing Address and ZIP Code Mayra Padron 1335 W. 49th Place, Apt. 218 Hialeah, FL 33012	Purpose of Disbursement Parking & insurance Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	03-27-96	\$ 57.00

SUBTOTAL of Disbursements This Page (optional)

\$7,096.54

TOTAL This Period (last page this line number only)

96030405300

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement COURIER, secretarial, supplies	Date (month, day, year)	Amount of Each Disbursement This Period
Unitemized Disbursements under \$200	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01-01-96 through 03-31-96	\$ 361.91
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

96030405391

SUBTOTAL of Disbursements This Page (optional)	361.91
TOTAL This Period (last page this line number only) (Rounded)	\$7,459.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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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
Sen. Frank Lautenberg U.S. Senate Washington, DC 20510	US Senate Campaign YTD: \$2,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	01/12/96	\$2,000
Sen. John Warner U.S. Senate Washington, DC 20510	US Senate Campaign YTD: \$5,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	01/12/96	\$5,000
Cong. Lee Hamilton U.S. House of Representatives Washington, DC 20515	US House of Reps Campaign YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	01/12/96	\$1,500
Cong. Ron Wyden U.S. House of Representatives Washington, DC 20515	US Senate Campaign YTD: \$2,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	01/18/96	\$2,000
Sen. Jesse Helms U.S. Senate Washington, DC 20510	US Senate Campaign YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	02/01/96	\$1,500
Cong. Maurice Hinchey U.S. House of Representatives Washington, DC 20515	US House of Reps Campaign YTD: \$1,250 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	02/02/96	\$1,250
Cong. Gary Franks U.S. House of Representatives Washington, DC 20515	US House of Reps Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	02/26/96	\$1,000
Cong. John Boehner U.S. House of Representatives Washington, DC 20515	US House of Reps Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	02/29/96	\$1,000
Massachusetts Democratic Party 45 Bromfield St., 7th Floor Boston, MA 02108	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	02/29/96	\$5,000

SUBTOTAL of Disbursements This Page (optional)

\$20,250

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

96030405393

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement US Senate Campaign YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	Date (month, day, year) 02/29/96	Amount of Each Disbursement This Period \$1,500
B. Full Name, Mailing Address and ZIP Code Cong. William J. Coyne U.S. House of Representatives Washington, DC 20515	Purpose of Disbursement US House of Reps Campaign YTD: \$500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	Date (month, day, year) 03/21/96	Amount of Each Disbursement This Period \$500
C. Full Name, Mailing Address and ZIP Code Sen. John D. Rockefeller, IV U.S. Senate Washington, DC 20510	Purpose of Disbursement US Senate Campaign YTD: \$5,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	Date (month, day, year) 03/25/96	Amount of Each Disbursement This Period \$5,000
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)	\$7,000
TOTAL This Period (last page this line number only)	\$27,250

**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 4-12-96
<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

MM
PREPARER

4-15-96
DATE PREPARED

9 6 0 3 0 4 0 5 3 9 4