

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 19 A 11:36

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Action Committee (NACPAC)		2. FEC IDENTIFICATION NUMBER C00147983
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 601 Brickell Key Drive, Suite 801		
CITY, STATE and ZIP CODE Miami, FL 33131		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

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 |
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on _____ in the State of _____

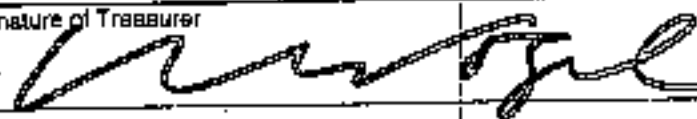
(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	07/01/00 through 09/30/00		
6. (a) Cash on Hand January 1, 2000			\$ 27,889
(b) Cash on Hand at Beginning of Reporting Period		\$ 44,162	
(c) Total Receipts (from Line 19)		\$ 12,389	\$ 85,639
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 56,551	\$ 113,528
7. Total Disbursements (from Line 30)		\$ 16,969	\$ 73,946
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 39,582	\$ 39,582
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)		\$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$	

For further information contact:
Federal Election Commission
488 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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 10/13/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 8/93)

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

(revised 1/1/91)

NAME OF COMMITTEE National Action Committee (NACPAC)		REPORT COVERING PERIOD FROM 07/01/00 TO: 09/30/00	
		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)		10,025	74,460
ii. Unitemized		1,669	9,924
iii. Total (add i and ii) >		11,694	84,384
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) >		11,694	84,384
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	695	1,255
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) >		12,389	85,639
20. Total Federal Receipts (subtract line 18 from line 19) >		12,389	85,639
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		5,469	16,696
c. Total Operating Expenditures (add a i, a ii, and b) >		5,469	16,696
22. Transfers to Affiliated/Other Party Committees		N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees		11,500	57,250
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. Individuals/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) >		16,969	73,946
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		16,969	73,946
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		11,694	84,384
33. Total Contribution Refunds (from line 28d)		N/A	N/A
34. Net Contributions (other than loans) (subtract line 33 from 32)		11,694	84,384
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		5,469	16,696
36. Offsets to Operating Expenditures (from line 15)		N/A	N/A
37. Net Operating Expenditures (subtract line 36 from 35) >		5,469	16,696

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3

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
Alex Halberstein 444 Brickell Avenue, Suite 415 Miami, FL 33131	N/A		\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired	07/05/00	
	Aggregate Year-to-Date > \$1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer N/A	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Cooper 5000 N. Bay Road Miami Beach, FL 33140			\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired	07/11/00	
	Aggregate Year-to-Date > \$500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer N/A	Date (month, day, year)	Amount of Each Receipt this Period
Edgar Schraub 1490 N.E. 101st. Street Miami Shores, FL 33138			\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired	07/11/00	
	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
Howard Millhauser 12251 Tropical Way Pinecrest, FL 33156	Self	07/12/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Packaging & Ship. Suppl.		
	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 Flatto 1438 Jefferson Avenue Miami Beach, FL 33139	South Florida	07/17/00 07/17/00	\$500 \$25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Executive Director		
	Aggregate Year-to-Date > \$550		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mark H. Hilderbrandt 2301 Collins Avenue, Suite M 14 Miami Beach, FL 33139	Self	07/21/00	\$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
Micky Bias 2025 Brickell Avenue, Apt. 1403 Miami, FL 33129	Self	07/25/00	\$2,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Real Estate Investments		
	Aggregate Year-to-Date > \$2,725		

SUBTOTAL of Receipts This Page (optional) \$5,775

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 3
FOR LINE NUMBER 11, B, 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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Krongold 201 Alhambra Circle, 8th Floor Coral Gables, FL 33134	Krongold & Bass Occupation Attorney	08/04/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code Barry S. Fishman 912 Captiva Drive Hollywood, FL 33019	Shapiro & Fishman Occupation Attorney	08/04/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code Paul M. Cummings 150 Sans Souci Drive Coral Gables, FL 33133	Self Occupation Attorney	08/04/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code David Canold 525 South Flagler Drive, FLA West Palm Beach, FL 33401	Self Occupation Medical Doctor	08/07/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code Donald Kipnis 394 So. Hibiscus Drive Miami Beach, FL 33139	Miller & Solomon Occupation Construction	08/16/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code Harlan Noddle 13710 FNB Parkway, #100 P.O. Box 542010 Omaha, NE 68154-5200	Noddle Development & Company Occupation Real Estate	08/25/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code George Mitnick P.O. Box 3128 Jasper, AL 35502	N/A Occupation Retired	08/25/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues		Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional) \$3,500

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 3
FOR LINE NUMBER 11.a.i.

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

<p>A. Full Name, Mailing Address and ZIP Code Marvin Lando 1121 Manati Avenue Coral Gables, FL 33146</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues</p>	<p>Name of Employer Deloitte & Touche</p> <p>Occupation C.P.A.</p> <p>Aggregate Year-to-Date > \$250</p>	<p>Date (month, day, year) 09/26/00</p>	<p>Amount of Each Receipt this Period \$250</p>
<p>B. Full Name, Mailing Address and ZIP Code J. B. Pritzker 2888 Sheridan Place Evanston, IL 60201</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues</p>	<p>Name of Employer Hyatt Hotels</p> <p>Occupation Vice-President</p> <p>Aggregate Year-to-Date > \$500</p>	<p>Date (month, day, year) 09/28/00</p>	<p>Amount of Each Receipt this Period \$500</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional)

\$750

TOTAL This Period (last page this line number only)

\$10,025

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unitemized receipts under \$200.00 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheons	Occupation Aggregate Year-to-Date > \$	07/01/00 through 09/30/00	\$1,669
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)	
TOTAL This Period (last page this line number only)	\$1,669

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21.b.

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NAME OF COMMITTEE (In Full)

National 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. 601 Brickell Key Drive, Ste 801 Miami, FL 33131	Reimburse Admin. Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/00 08/02/00 09/01/00	\$1,500 \$1,500 \$1,000
B. Full Name, Mailing Address and ZIP Code The Printing Mart 755 N.W. 72nd Avenue Miami, FL	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/11/00 08/07/00	Amount of Each Disbursement This Period \$158.69 \$162.41
C. Full Name, Mailing Address and ZIP Code James Caplan 19610 N.E. 21st Court North Miami Beach, FL 33179	Purpose of Disbursement Website, Computer Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/19/00	Amount of Each Disbursement This Period \$300.00
D. Full Name, Mailing Address and ZIP Code Citibank Advantage Visa P.O. Box 8107 South Hackensack, NJ 07606	Purpose of Disbursement Luncheon & Subscrip. Internet Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/25/00 09/26/00	Amount of Each Disbursement This Period \$489.80 \$224.80
E. Full Name, Mailing Address and ZIP Code Miscellaneous Disbursements under \$200	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/01/00 through 09/30/00	Amount of Each Disbursement This Period \$133.44
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)

\$5,469.14

TOTAL This Period (last page this line number only)

(Rounded)

\$5,469

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 (NACFAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	U.S. House of Rep. Camp. (NV-1CD)	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Shelley Berkley U.S. House of Representatives Washington, D.C. 20515	YTD: \$8,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Primary	07/11/00	\$2,000	
B. Full Name, Mailing Address and ZIP Code Ms. Linda Chapin P.O. Box 952 Orlando, FL 32802	U.S. House of Rep. Camp. (FL-8CD) YTD: \$2,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	07/17/00	\$2,000	
C. Full Name, Mailing Address and ZIP Code Cong. John Murtha U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Camp. (PA-12CD) YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	07/31/00	\$1,000	
D. Full Name, Mailing Address and ZIP Code Cong. Eliot Engel U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Camp. (NY-17CD) YTD: \$2,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 Primary	07/31/00	\$2,000	
E. Full Name, Mailing Address and ZIP Code Judge Loy Sneary P.O. Box 187 Bay City, TX 77404	U.S. House of Rep. Camp. (TX-14CD) YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	08/07/00	\$1,000	
F. Full Name, Mailing Address and ZIP Code Mr. Kenneth Toltz 1271 West Littleton Blvd. Littleton, CO 80120	U.S. House of Rep. Camp. (CO-6CD) YTD: \$500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	08/11/00	\$500	
G. Full Name, Mailing Address and ZIP Code Cong. Calvin Dooley U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Camp. (CA-20CD) YTD: \$500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	08/23/00	\$500	
H. Full Name, Mailing Address and ZIP Code Cong. Corrine Brown U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Camp. (FL-3CD) YTD: \$500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	09/13/00	\$500	
I. Full Name, Mailing Address and ZIP Code Cong. Frank Wolf U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Camp. (VA-10CD) YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	09/15/00	\$1,000	

SUBTOTAL of Disbursements This Page (optional)

\$10,500

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)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Jim Maloney U.S. House of Representatives Washington, D.C. 20515	U.S. House of Rep. Camp. (CT-5 CD) YTD: \$500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	09/26/00	\$500
Nancy Keenan P.O. Box 9249 Helena, MT 59604	U.S. House of Rep. Camp. (MT-AL) YTD: \$750 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	09/27/00	\$500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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) \$1,000

TOTAL This Period (last page this line number only) \$11,500

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 (R/C) 10/14/00
<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	
 <i>CL</i> PREPARER	 10/19/00 DATE PREPARED