

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEB 4 3 56 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> National Action Committee	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 201 S. Biscayne Blvd., Ste. 880	
<b>CITY, STATE and ZIP CODE</b> Miami, FL 33131	
	<b>2. FEC IDENTIFICATION NUMBER</b> 000 147983
	<b>3.</b> <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  |
- 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>07-01-95</u> through <u>12-31-95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 8,882
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,960	
(c) Total Receipts (from Line 19)	\$ 32,810	\$ 65,257
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 45,770	\$ 74,139
7. Total Disbursements (from Line 30)	\$ 33,797	\$ 62,166
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 11,973	\$ 11,973
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 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ N/A	
<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		

Type or Print Name of Treasurer Judy Ellenbogen by Mark R. Vogel, Chairman	
Signature of Treasurer 	Date 01/31/96

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

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# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
National Action Committee (NACPAC)	FROM 01-01-95	TO 12-31-95
	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)	27,317	53,622
ii. Unitemized	5,380	10,891
iii. Total (add i and ii) >	32,697	64,513
b. Political Party Committees	N/A	N/A
c. Other Political Committees (such as PACs)	N/A	500
d. Total Contributions (add a ii, b and c) >	32,697	65,013
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.)	113	244
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) >	32,810	65,257
20. Total Federal Receipts (subtract line 18 from line 19) >	32,810	65,257
<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	10,447	20,316
c. Total Operating Expenditures (add a i, a ii, and b) >	10,447	20,316
22. Transfers to Affiliated/Other Party Committees	N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees	23,350	41,850
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) >	33,797	62,166
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	33,797	62,166
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	32,697	65,013
33. Total Contribution Refunds (from line 28d)	N/A	N/A
34. Net Contributions (other than loans)(subtract line 33 from 32)	32,697	65,013
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	10,447	20,316
36. Offsets to Operating Expenditures (from line 15)	N/A	N/A
37. Net Operating Expenditures (subtract line 36 from 35) >	10,447	20,316

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**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)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Cassel 201 S. Biscayne Blvd., #2000 Miami, FL 33131	Broad & Cassel	7/18/95	\$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
Paul Cummings 1428 Brickell Ave., #400 Miami, FL 33131	Self	8/28/95	\$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
Neal Sonnett 2 Biscayne Blvd., #2600 Miami, FL 33131	Self	9/28/95	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheon	Occupation: Attorney Aggregate Year-to-Date > \$527	12/27/95	\$27
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan J. Kluger 201 S. Biscayne Blvd., #1970 Miami, FL 33131	Self	10/07/95	\$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		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Ellenbogen 9801 Collins Ave., #8K Bal Harbour, FL 33154	Merril Lynch	10/09/95	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheon	Occupation: Stockbroker Aggregate Year-to-Date > \$553	10/09/95 12/29/95	\$27 \$250
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Yarchin 200 S. Biscayne Blvd., 20th Fl. Miami, FL 33131	Keith, Mack, Lewis, Cohen & Lewis	07-07-95	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & luncheon	Occupation: Attorney Aggregate Year-to-Date > \$277	10-09-95	\$27
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. Biscayne Blvd., #1400 Miami, FL 33131	First Equity	10-18-95	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Stock Broker Aggregate Year-to-Date > \$579	12-27-95	\$27

SUBTOTAL of Receipts This Page (optional)

\$3,858

TOTAL This Period (last page this line number only)

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NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barbara Silverman 20941 NE 21 Avenue North Miami Beach, FL 33179	Nat'l Conference of Synagogue Youth	10-30-95	\$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Fundraiser Aggregate Year-to-Date > \$ 326		
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	10-30-95	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Insurance Aggregate Year-to-Date > \$ 526		
C. 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	11-08-95 10-09-95 12-29-95	\$500 \$27 \$27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES & luncheons	Occupation: Real Estate Aggregate Year-to-Date > \$ 606		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brian Strelitz 3320 N 34 Street Hollywood, FL 33021	Self	10-09-95 11-08-95 12-27-95	\$27 \$850 \$27
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES & luncheons	Occupation: R.E. Developer Aggregate Year-to-Date > \$ 904		
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, PH II Miami, FL 33131	Self	11-13-95	\$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 > \$ 1,026		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey Granoff 3403 Poinciana Avenue Coconut Grove, FL 33133	Self	11-17-95	\$1,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Marketing Aggregate Year-to-Date > \$ 1,500		
G. 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 Miami, FL 33134	Self	11-17-95	\$350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Attorney Aggregate Year-to-Date > \$ 350		

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

\$5,108

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

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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 (NACFAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rabbi Gary Glickenstein 4144 Chase Avenue Miami Beach, FL 33140	Temple Beth Shalom	11-20-95	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Rabbi 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
Stanley Weiss 21777 Ventura Blvd. Woodland Hills, CA 91364	Plaza Int'l	11-20-95	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Partner Aggregate Year-to-Date > \$1,000		
C. 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	11-22-95 12-18-95	\$500 \$500
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Olin 25 West Flagler, #800 Miami, FL 33130	Podhurst & Orseck	11-22-95	\$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		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ira K. Levine 2000 Quayside Terr., #609 Miami, FL 33138	Self	11-22-95	\$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Physician Aggregate Year-to-Date > \$300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benedict P. Kuehne 100 SE 2nd Street Miami, FL 33131	Sale & Kuehne, P.A.	11-27-95	\$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
Rick Sisser 2665 S. Bayshore Dr., #1200 Miami, FL 33133	Self	12-04-95	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Lobbyist Aggregate Year-to-Date > \$500		

SUBTOTAL of Receipts This Page (optional) ..... \$4,800

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

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NAME OF COMMITTEE (In Full)

National Action Committee (NACFAC)

96030271472

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc Silverman 5770 SW 128 Street Miami, FL 33156	Silverman Insurance	12-08-95	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Sales Aggregate Year-to-Date > \$ 750		
B. 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	Self	12-08-95	\$350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney Aggregate Year-to-Date > \$ 350		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Neil M. Nameroff 1221 Brickell Ave., #1020 Miami, FL 33131	Self	12-13-95	\$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
Gloria Friedlan 7610 SW 133 Street Miami, FL 33156	N/A	12-13-95	\$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		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Rose 4870 N Hills Drive Hollywood, CA 33021	Foundation of Jewish Philanthropies	12-13-95	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Fundraiser 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
Steve Becker 4401 Sanders Street Hollywood, FL 33021	Southern Wine & Spirits	12-18-95	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Executive President 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
Howard Kaplan 720 N.E. 69th St., #19 North Miami, FL 33138	Transchemical	12-27-95	\$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 > \$ 552		

SUBTOTAL of Receipts This Page (optional)

\$3,850

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dana Fishman 1419 Lantana Drive Ft. Lauderdale, FL 33326	N/A	12-27-95	\$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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Kislak 701 Brickell Ave., #1400 Miami, FL 33131	Kislak Capital	12-29-95	\$4,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President	Aggregate Year-to-Date > \$ 5,000	
C. 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 26778 Tamarac, FL 33320	N/A	07-07-95	\$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	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Winick 4925 Collins Ave., #12A Miami Beach, FL 33140	Miami Heat	08-28-95	\$250
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 > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Barron 19500 Turnberry Way #7E North Miami Beach, FL 33180	Vitas	08-28-95	\$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
Harold Schnitzer P.O. Box 2708 Portland, OR 97208	Harsch Investment	09-28-95	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: 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
Paul Swaye 1870 N.E. 118 Road North Miami Beach, FL 33181	Self	10-30-95	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Doctor	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional)

\$5,750

TOTAL This Period (last page this line number only)

96030271473

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate continuation  
for each category of the  
Detailed Summary Page

PAGE 6 OF 8  
FOR LINE NUMBER 11(a)ff

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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
Martin Zilber 1995 N.E. 142nd St. Miami, FL 33181	Metro Limo	11-20-95	\$ 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
Sid Sussman 727 N Shore Dr. Miami Beach, FL 33141	Florida Realty	10-30-95	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$ 250		
C. 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. Miami, FL 33131	Hotel Reservations Network	11-03-95	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President 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
Charles B. Stuzin 1221 Brickell Ave., 16th FL Miami, FL 33131	Citizens Federal	11-29-95	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President 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
Alfred R. Camner 1221 Brickell Ave., 25th FL Miami, FL 33131	Citizens Federal	11-08-95	\$ 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
Daniel H. Aronson 118 W. Dillido Dr. Miami Beach, FL 33139	Greenberg, Traurig et al.	11-20-95	\$ 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		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Caller 3 Grove Isle Drive, #410 Miami, FL 33133	Self	11-20-95	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Real Estate Aggregate Year-to-Date > \$ 250		

**SUBTOTAL** of Receipts This Page (optional) ..... \$1,750

**TOTAL** This Period (last page (this line number only) ..... \$1,750

96030271474



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)

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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
Ezra Katz 2665 S. Bayshore, #1200 Miami, FL 33133	Aztec Group	11-29-95	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Investor Aggregate Year-to-Date > \$ 250		
Robert C. Maland 9130 S. Dadeland Blvd., #1209 Miami, FL 33156	Self	11-29-95	\$ 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		
Joel K. Karp 2 Alhambra Plaza, #1202 Coral Gables, FL 33134	Karp & Levine, P.A.	12-04-95	\$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		
Nina Ellenbogen 39 Lagorce Circle La Gorce Island, FL 33141	Self	12-04-95	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Physician Aggregate Year-to-Date > \$ 250		
Michael Nachwalter 5920 S.W. 116 Street Miami, FL 33156	Self	12-03-95	\$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		
Eli Papir 1971 N.E. 191 Drive N. Miami Beach, FL 33179	Darnel Inc.	12-11-95	\$ 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		
S.J. Workman 3370 N. 47th Ave. Hollywood, FL 33021	Bayshore Capitol	12-13-95	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$ 250		

SUBTOTAL of Receipts This Page (optional) ..... \$1,750  
TOTAL This Period (last page this line number only) .....

9 5 0 3 0 2 7 1 4 7 5

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedules 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven G. Messing One Biscayne Tower, #2800 Miami, FL 33131	KPMG Marwick	12-27-95	\$ 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		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Auerbach 456 N.E. 29 Street Miami, FL 33137	Self	07-12-95 12-27-95	\$ 100 101
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Real Estate Aggregate Year-to-Date > \$ 201		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	451
<b>TOTAL</b> This Period (last page this line number only) .....	27,317

96030271476

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

95030271477

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		07-01-95 through 12-31-95	\$5,379.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date	\$

SUBTOTAL of Receipts This Page (optional) ..... 5,379.60

TOTAL This Period (last page this line number only) ..... Rounded ..... 5,380

**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)

96030271478

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	07-07-95	\$1,000
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	08-10-95	1,000
	<input type="checkbox"/> Other (specify)	09-06-95	1,000
Mark R. Vogel, P.A. 201 S. Biscayne Blvd., Ste. 880 Miami, FL 33131	Reimbursement of Administrative Expenses	10-07-95	\$1,000
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	11-08-95	1,500
	<input type="checkbox"/> Other (specify)	11-30-95	1,500
Aquarius Press 13795 N.W. 19 Avenue Opa Locka, FL 33054	Printing	08-16-95	\$200.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	09-22-95	439.00
	<input checked="" type="checkbox"/> Other (specify)	10-26-95	191.70
Van Dee Mailing Service P.O. Box One Hollywood, FL 33022	Mailing Service and Postage	09-20-95	\$150.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	10-11-95	34.82
	<input checked="" type="checkbox"/> Other (specify)	10-19-95	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

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

\$8,165.50

**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 21 (b)

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**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
Van Dee Mailing Service P.O. Box One Hollywood, FL 33022	Mailing and Postage	11-03-95	\$200
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	12-14-95	150
	<input type="checkbox"/> Other (specify)	12-29-95	150
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Banker's Club 2 Biscayne Blvd., 14th Floor Miami, FL 33131	Member luncheon	10-20-95	\$476
	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
Unitized Disbursements Under \$200	Courier, Postage, Secretarial, Subscription, etc.	07-01-95 through 12-31-95	\$1,305.10
	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
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional) ..... \$2,281.10

TOTAL This Period (last page this line number only) ..... (Rounded) ..... \$10,447.00

9 5 0 3 0 2 7 | 4 7 9

**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)

9 6 0 3 0 2 7 1 4 3 0

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Jim Bunn U.S. House of Representatives Washington, DC 20515	US House of Reps Campaign YTD: \$850	08-21-95	\$500
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	09-21-95	350
Sen. Max Baucus U.S. House of Representatives Washington, DC 20510	US Senate Campaign YTD: \$5,000	10-09-95	\$5,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General		
Cong. Karen Thurman U.S. House of Representatives Washington, DC 20515	US House of Reps Campaign YTD: \$ 2,000	10-09-95	\$2,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General		
Cong. Joe Kennedy U.S. House of Representatives Washington, DC 20515	US House of Reps Campaign YTD: \$250	10-17-95	\$250
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General		
Sen. Robert C. Smith U.S. Senate Washington, DC 20510	US Senate Campaign YTD: \$1,000	11-17-95	\$1,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General		
Sen. Larry Craig U.S. Senate Washington, DC 20510	US Senate Campaign YTD: \$2,000	11-17-95	\$2,000
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General		
Cong. Martin Frost U.S. House of Representatives Washington, DC 20515	US House of Reps Campaign YTD: \$500	11-20-95	\$500
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General		
Cong. Ron Wyden U.S. House of Representatives Washington, DC 20515	US Senate Campaign YTD: \$1,500	11-22-95	\$1,500
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1995 Primary		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

\$13,100

**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. Bob Torricelli U.S. House of Representatives Washington, DC 20515	US Senate Campaign YTD: \$3,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	11-28-96	\$3,000
Sen. Larry Pressler 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	12-26-95	\$4,000
Cong. Bob Filner U.S. House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 Primary	12-19-95	\$1,000
Sen. Larry Pressler U.S. Senate Washington, DC 20510	US Senate Campaign YTD: \$5,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 Primary	12-26-95	\$1,000
Cong. David Funderburk 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	08-04-96	\$1,250
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	\$10,250
<b>TOTAL This Period (last page this line number only)</b> .....	\$23,350

96030271431

**Federal Election Commission  
 ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

1-31-96

No Postmark

Postmark Illegible

Received from the House Office of Records  
 and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
 Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

*set*

PREPARER

2-4-96

DATE PREPARED

9 6 0 3 0 2 7 1 4 9 2