

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

OCT 23 2 43 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
National Action Committee (NACPAC)

ADDRESS (number and street)  Check if different than previously reported  
701 Brickell Avenue, Suite 3260

CITY, STATE and ZIP CODE  
Miami, Florida 33131

2. FEC IDENTIFICATION NUMBER  
C00147983

3.  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
6. Covering Period <u>10/01/98</u> through <u>10/14/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 15,454
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,274	
(c) Total Receipts (from Line 19)	\$ 1,153	\$ 55,766
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3,427	\$ 71,220
7. Total Disbursements (from Line 30)	\$ 1,250	\$ 69,043
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 2,177	\$ 2,177
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ N/A	For further information consult: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-218-3430
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ N/A	

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

Type or Print Name of Treasurer

Judith Ellenbogen by Chairman, Mark R. Vogel

Signature of Treasurer



Date

10/19/98

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

--	--	--	--	--	--	--	--	--	--

**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 10/01/98 TO 10/14/98	
		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)		950	47,435
ii. Unitemized		195	8,150
iii. Total (add i and ii) >		1,145	55,585
b. Political Party Committees		N/A	N/A
c. Other Political Committees (such as PACs)		N/A	N/A
d. Total Contributions (add a iii, b and c) >		1,145	55,585
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	8	181
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) >		1,153	55,766
20. Total Federal Receipts (subtract line 18 from line 19) >		1,153	55,766
<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		750	11,293
c. Total Operating Expenditures (add a i, a ii, and b) >		750	11,293
22. Transfers to Affiliated/Other Party Committees		N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees		500	57,750
24. Independent Expenditures (use Schedule E)		N/A	N/A
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		N/A	N/A
26. Loan Repayments Made		N/A	N/A
27. Loans Made		N/A	N/A
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		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, 29d, and 29) >		1,250	69,043
31. Total Federal Disbursements (subtract line 21 b ii from line 30) >		1,250	69,043
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		1,145	55,585
33. Total Contribution Refunds (from line 29d)		N/A	N/A
34. Net Contributions (other than loans)(subtract line 33 from 32)		1,145	55,585
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		750	750
36. Offsets to Operating Expenditures (from line 15)		N/A	N/A
37. Net Operating Expenditures (subtract line 36 from 35) >		750	750

**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, 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
Fred Chekanow 6297 S.W. 102nd Street Miami, FL 33156	Baptist Hospital	10/14/98	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Occupation: <u>Security</u> Aggregate Year-to-Date > \$ <u>500</u>		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandy Miot One S.E. 3rd Ave., 15th Fl. Miami, FL 33131	Self	10/14/98	25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Luncheon</u>	Occupation: <u>Real Estate Dev.</u> Aggregate Year-to-Date > \$ <u>2,725</u>		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Ellenbogen 10250 Collins Ave., PH1 Miami Beach, FL 33154	N/A	10/14/98 10/14/98	300 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues &amp; Luncheon</u>	Occupation: <u>Retired</u> Aggregate Year-to-Date > \$ <u>375</u>		
D. 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	10/14/98	25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Luncheon</u>	Occupation: <u>Real Estate</u> Aggregate Year-to-Date > \$ <u>600</u>		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Mandel 5223 No. Bay Road Miami Beach, FL 33140	Self	10/14/98	75
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Luncheons</u>	Occupation: <u>Attorney</u> Aggregate Year-to-Date > \$ <u>305</u>		
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) .....

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

950

**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.

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
Unitemized receipts under \$200 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues &amp; Luncheons</b>	Occupation	10/01/98 through 10/14/98	195
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) .....

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

195

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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

NAME OF COMMITTEE (in Full)

**National Action Committee (NACFAC)**

A. Full Name, Mailing Address and ZIP Code  
Mark R. Vogel, P.A.  
701 Brickell Avenue, #3260  
Miami, FL 33131

Purpose of Disbursement  
**Reimb. of Adm. Expenses**  
Disbursement for:  Primary  General  
 Other (specify)

Date (month, day, year)  
10/01/98

Amount of Each Disbursement This Period  
750

B. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement  
Disbursement for:  Primary  General  
 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:  Primary  General  
 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:  Primary  General  
 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:  Primary  General  
 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:  Primary  General  
 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:  Primary  General  
 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:  Primary  General  
 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:  Primary  General  
 Other (specify)

Date (month, day, year)

Amount of Each Disbursement This Period

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

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

750

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE - OF  
1 1 1  
FOR LINE NUMBER  
23

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

NAME OF COMMITTEE (in Full)

**National Action Committee (NACPAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement YTD: \$500 U.S. House of Rep. Campaign	Date (month, day, year)	Amount of Each Disbursement This Period
Loy Sneary 120 E. Constitution Victoria, TX 77901	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1998 General	10/01/98	500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
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) .....

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

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 10-19-98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SLH</i> PREPARER	10-23-98 DATE PREPARED