

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 FEB -2 A 9:22

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Action Committee (NACFAC)		2. FEC IDENTIFICATION NUMBER 000147983
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:

February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____

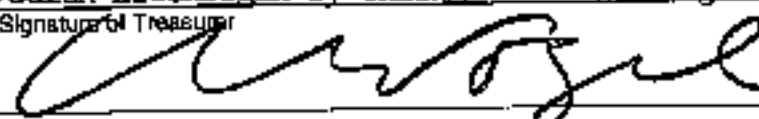
_____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/28/00</u> through <u>12/31/00</u>		\$ 27,889
6. (a) Cash on Hand January 1, 19 <u>2000</u>		
(b) Cash on Hand at Beginning of Reporting Period	\$ 34,611	
(c) Total Receipts (from Line 19)	\$ 7,863	\$ 97,856
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 42,474	\$ 125,745
7. Total Disbursements (from Line 20)	\$ 4,211	\$ 87,482
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 38,263	\$ 38,263
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 800-424-9630 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
Judith Ellenbogen by Chairman Mark R. Vogel

Signature of Treasurer


Date
01/30/01

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

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FEC FORM 3X

(revised 9/93)

FE4AN101

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	TO
	11/28/00	12/31/00
	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)	\$5,450	\$83,660
ii. Unitemized	\$2,264	\$12,404
iii. Total (add i and ii) >	\$7,714	\$96,064
b. Political Party Committees	N/A	N/A
c. Other Political Committees (such as PACs)	N/A	N/A
d. Total Contributions (add a, b and c) >	\$7,714	\$96,064
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.)	\$ 149	\$ 1,792
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) >	\$7,863	\$97,856
20. Total Federal Receipts (subtract line 18 from line 19) >	\$7,863	\$97,856
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule HM)		
i. Federal Share	N/A	N/A
ii. Non-Federal Share	N/A	N/A
b. Other Federal Operating Expenditures	\$2,711	\$21,732
c. Total Operating Expenditures (add a i, a ii, and b) >	\$2,711	\$21,732
22. Transfers to Affiliated/Other Party Committees	N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees	\$1,500	\$65,750
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:	N/A	N/A
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) >	\$4,211	\$87,482
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	\$4,211	\$87,482
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	\$7,714	\$96,064
33. Total Contribution Refunds (from line 28d)	N/A	N/A
34. Net Contributions (other than loans)(subtract line 33 from 32)	\$7,714	\$96,064
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	\$2,711	\$21,732
36. Offsets to Operating Expenditures (from line 15)	N/A	N/A
37. Net Operating Expenditures (subtract line 36 from 35) >	\$2,711	\$21,732

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11, a, f.

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Diener 12000 Biscayne Blvd., #216 Miami, FL 33181	Hotel Reservations Network	12/08/00	\$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	
B. Full Name, Mailing Address and ZIP Code Barry Stein 9100 So. Dadeland Blvd., #1010 Miami, FL 33156	Levine, Shepard, & Stein	12/18/00	\$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	
C. Full Name, Mailing Address and ZIP Code Charles B. Stuzin 550 Biltmore Way, Suite 700 Miami, FL 33134	S F Partners, Inc.	12/18/00	\$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 > \$1,500	
D. Full Name, Mailing Address and ZIP Code Karen Margulies 4040 No. Ocean Drive Hollywood, FL 33019	N/A	12/18/00	\$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	
E. Full Name, Mailing Address and ZIP Code Rick Sisser 3609 Alhambra Court Coral Gables, FL 33134	Self	12/19/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Public Relations	Aggregate Year-to-Date > \$1,000	
F. Full Name, Mailing Address and ZIP Code Robert Traurig 1221 Brickell Avenue, 22nd Floor Miami, FL 33131	Greenberg Traurig	12/19/00	\$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 Judith L. Ellenbogen 9801 Collins Avenue, PH-11 Bal Harbour, FL 33154	N/A	12/26/00	\$350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired	Aggregate Year-to-Date > \$ 675	

SUBTOTAL of Receipts This Page (optional) \$4,600

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 2
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 Ira K. Levine 2000 Quayside Terrace, #609 Miami, FL 33138 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Self Occupation Medical Doctor Aggregate Year-to-Date $\$ 350$	Date (month, day, year) 12/26/00	Amount of Each Receipt this Period \$350
B. Full Name, Mailing Address and ZIP Code Gary Glickstein 4144 Chase Avenue Miami Beach, FL 33140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Temple Beth Shalom Occupation Rabbi Aggregate Year-to-Date $\$ 1,000$	Date (month, day, year) 12/27/00	Amount of Each Receipt this Period \$500
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) **\$850**

TOTAL This Period (last page this line number only) **\$5,450**

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FORM 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 Unitemized receipts under \$200 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues</u>	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 11/28/00 through 12/31/00	Amount of Each Receipt this Period \$2,264
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)

\$2,264

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.

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

NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Mark R. Vogel, P.A. 601 Brickell Key Drive, Suite 801 Miami, FL 33131	Reimburse Adm. Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/01/00 12/29/00	\$1,000 \$1,500
B. Full Name, Mailing Address and ZIP Code Miscellaneous disbursements under \$200	Purpose of Disbursement Printing, website, bank char. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 11/28/00 through 12/31/00	Amount of Each Disbursement This Period \$211.31
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	\$2,711.31
TOTAL This Period (last page this line number only)	<p style="text-align: right;">(Rounded)</p> \$2,711

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	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. George Allen U.S. Senate Washington, D.C. 20510	U.S. Senate Campaign (Va.) YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 2000 General	12/14/00	\$1,500
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$1,500

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) <i>1-30-01</i>
<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>Jm p</i> PREPARER	<i>2-2-01</i> DATE PREPARED