REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. [illegible]

1401 New York Ave., NW
Suite 600
Washington, DC 20005

JAN 31 5 10 PM '94

2. FEC IDENTIFICATION NUMBER
C00236687

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

[X] 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 [X] NO

SUMMARY

5. Covering Period 7/1/93 through 12/31/93

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6	(a) Cash on Hand January 1, 19 93		$ 125.25
	(b) Cash on Hand at Beginning of Reporting Period	$ 1,059.85	
	(c) Total Receipts (from Line 19)	$ 15,310.59	$ 16,312.64
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 16,370.44	$ 16,437.89
7	Total Disbursements (from Line 30)	$ 2,487.55	$ 2,555.00
8	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 13,882.89	$ 13,882.89
9	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ Ø	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Herbert F. Milstein

Signature of Treasurer
Herbert F. Milstein

Date 1-26-93

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 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE: National Association of Securities and Commercial Law Attorneys PAC

REPORT COVERING PERIOD FROM: 7/1/93 TO: 12/31/93

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
1	Contributions (other than loans) From:		
	a. Individual/Persons Other Than Political Committees		
	i. Itemized (use Schedule A)	15,200.00	16,200.00
	ii. Unitemized		
	iii. Total (add i and ii) ➤	15,200.00	16,200.00
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contributions (add a iii, b and c) ➤	15,200.00	16,200.00
12	Transfers From Affiliated/Other Party Committees		
13	All Loans Received		
14	Loan Repayments Received		
15	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17	Other Federal Receipts (Dividends, Interest, etc.)	110.59	112.64
18	Transfers from Nonfederal Account for Joint Activity		
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	15,310.59	16,312.64
20	Total Federal Receipts (subtract line 18 from line 19) ➤	15,310.59	16,312.64
	II. Disbursements		
21	Operating Expenditures:		
	a. Shared Federal/Non-Federal Activity (from Schedule H4)		
	i. Federal Share		
	ii. Non-Federal Share		
	b. Other Federal Operating Expenditures	(12.45)	55.00
	c. Total Operating Expenditures (add a i, a ii, and b) ➤	(12.45)	55.00
22	Transfers to Affiliated/Other Party Committees		
23	Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	2,500.00
24	Independent Expenditures (use Schedule E)		
25	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26	Loan Repayments Made		
27	Loans Made		
28	Refunds of Contributions To:		
	a. Individuals/Persons Other Than Political Committees		
	b. Political Party Committees		
	c. Other Political Committees (such as PACs)		
	d. Total Contribution Refunds (add a, b and c) ➤		
29	Other Disbursements		
30	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,487.55	2,555.00
31	Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,487.55	2,555.00
	III. Net Contributions/Operating Expenditures		
32	Total Contributions (other than loans)(from line 11d)	15,200.00	16,200.00
33	Total Contribution Refunds (from line 28d)	0	0
34	Net Contributions (other than loans)(subtract line 33 from 32)	15,200.00	16,200.00
35	Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	(12.45)	55.00
36	Offsets to Operating Expenditures (from line 15)	0	0
37	Net Operating Expenditures (subtract line 36 from 35) ➤	(12.45)	55.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5

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 ASSOCIATION OF SECURITIES AND COMMERCIAL LAW ATTORNEYS PAC (C00236687)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Pomerantz Levy Haudek Block & Grossman 100 Park Avenue New York, NY 10017 Receipt For: Primary / General / Other (specify):	Name of Employer: Partnership (See below for allocation) Occupation: Law firm Aggregate Year-to-Date > $ 1,000.00	8/06/93	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stanley M. Grossman 100 Park Avenue New York, NY 10017 Receipt For: Primary / General / Other (specify):	Name of Employer: Pomerantz Levy Haudek Block & Grossman Occupation: Attorney Aggregate Year-to-Date > $ 250.00	8/06/93	$250 Memo
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Stephen P. Hoffman 100 Park Avenue New York, NY 10017 Receipt For: Primary / General / Other (specify):	Name of Employer: Pomerantz Levy Haudek Block & Grossman Occupation: Attorney Aggregate Year-to-Date > $ 250.00	8/06/93	$250 Memo
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marc I. Gross 100 Park Avenue New York, NY 10017 Receipt For: Primary / General / Other (specify):	Name of Employer: Pomerantz Levy Haudek Block & Grossman Occupation: Attorney Aggregate Year-to-Date > $ 250.00	8/06/93	$250 Memo
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Shaheen Rashid 100 Park Avenue New York, NY 10017 Receipt For: Primary / General / Other (specify):	Name of Employer: Pomerantz Levy Haudek Block & Grossman Occupation: Attorney Aggregate Year-to-Date > $ 250.00	8/06/93	$250 Memo
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Abbey & Ellis 212 East 39th Street New York, NY 10016 Receipt For: Primary / General / Other (specify):	Name of Employer: Partnership (No partner's allocation exceeded $200) Occupation: Law firm Aggregate Year-to-Date > $ 1,000.00	8/11/93	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Cohen Milstein Hausfeld & Toll 1401 New York Avenue, NW Washington, DC 20005 Receipt For: Primary / General / Other (specify):	Name of Employer: Partnership (No partner's allocation exceeded $200) Occupation: Law firm Aggregate Year-to-Date > $ 1,000.00	8/12/93	$1,000.00

SUBTOTAL of Receipts This Page (optional) $3,000.00

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 5

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

NATIONAL ASSOCIATION OF SECURITIES AND COMMERCIAL LAW ATTORNEYS PAC (C00236687)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Wolf Haldenstein Adler Freeman & Herz 270 Madison Avenue New York, NY 10016 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Partnership (No partner's allocation exceeded $200) Occupation: Law Firm Aggregate Year-to-Date > $ 2,500.00	8/11/93	$2,500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Chimicles Burt & Jacobsen One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041-0100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Partnership (See below for allocation) Occupation: Law firm Aggregate Year-to-Date > $ 2,500.00	8/24/93	$2,500.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Nicholas E. Chimicles 361 West Lancaster Avenue Haverford, PA 19041-0100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chimicles Burt & Jacobsen Occupation: Attorney Aggregate Year-to-Date > $ 500.00	8/24/93	$500 Memo
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
C. Oliver Burt III 361 West Lancaster Avenue Haverford, PA 19041-0100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chimicles Burt & Jacobsen Occupation: Attorney Aggregate Year-to-Date > $ 500.00	8/24/93	$500 Memo
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth A. Jacobsen 361 West Lancaster Avenue Haverford, PA 19041-0100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chimicles Burt & Jacobsen Occupation: Attorney Aggregate Year-to-Date > $ 500.00	8/24/93	$500 Memo
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
R. Bruce McNew 361 West Lancaster Avenue Haverford, PA 19041-0100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chimicles Burt & Jacobsen Occupation: Attorney Aggregate Year-to-Date > $ 500.00	8/24/93	$500 Memo
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Michael D. Donovan 361 West Lancaster Avenue Haverford, PA 19041-0100 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Chimicles Burt & Jacobsen Occupation: Attorney Aggregate Year-to-Date > $ 500.00	8/24/93	$500 Memo

SUBTOTAL of Receipts This Page (optional) $5,000.00

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 5

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

NATIONAL ASSOCIATION OF SECURITIES AND COMMERCIAL LAW ATTORNEYS PAC (C00236687)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Berman DeValerio & Pease One Liberty Square Boston, MA 02109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Partnership (See below for allocation) Occupation: Law firm Aggregate Year-to-Date > $ 1,000.00	8/24/93	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Peter A. Pease One Liberty Square Boston, MA 02109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Berman DeValerio & Pease Occupation: Attorney Aggregate Year-to-Date > $ 250.00	8/24/93	$250 Memo
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Glen DeValerio One Liberty Square Boston, MA 02109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Berman DeValerio & Pease Occupation: Attorney Aggregate Year-to-Date > $ 250.00	8/24/93	$250 Memo
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Norman Berman One Liberty Square Boston, MA 02109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Berman DeValerio & Pease Occupation: Attorney Aggregate Year-to-Date > $ 250.00	8/24/93	$250 Memo
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Harry A. Garfield II One Liberty Square Boston, MA 02109 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Berman DeValerio & Pease Occupation: Attorney Aggregate Year-to-Date > $ 250.00	8/24/93	$250 Memo
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Law Office of Klari Neuwelt 950 Third Avenue, 8th Floor New York, NY 10022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Partnership (See below for allocation) Occupation: Law firm Aggregate Year-to-Date > $ 500.00	8/31/93	$ 500.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Klari Neuwelt 950 Third Avenue, 8th Floor New York, NY 10022 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self-Employed Occupation: Attorney Aggregate Year-to-Date > $ 500.00	8/31/93	$500 Memo

SUBTOTAL of Receipts This Page (optional) > $1,500.00

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

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF SECURITIES AND COMMERCIAL LAW ATTORNEYS PAC (C00236687)

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Miller Faucher Chertow Cafferty and Wexler 30 North LaSalle St., Suite 3200 Chicago, IL 60602 Receipt For: Primary / General / Other (specify):	Partnership (See below for allocation) Occupation: Law firm Aggregate Year-to-Date $ 1,200.00	11/03/93	$1,200.00
Marvin A. Miller 30 North LaSalle St., Suite 3200 Chicago, IL 60602 Receipt For: Primary / General / Other (specify):	Miller Faucher Chertow Cafferty and Wexler Occupation: Attorney Aggregate Year-to-Date $ 300.00	11/03/93	$300 Memo
J. Dennis Faucher 30 North LaSalle St., Suite 3200 Chicago, IL 60602 Receipt For: Primary / General / Other (specify):	Miller Faucher Chertow Cafferty and Wexler Occupation: Attorney Aggregate Year-to-Date $ 300.00	11/03/93	$300 Memo
Patrick E. Cafferty 30 North LaSalle St., Suite 3200 Chicago, IL 60602 Receipt For: Primary / General / Other (specify):	Miller Faucher Chertow Cafferty and Wexler Occupation: Attorney Aggregate Year-to-Date $ 300.00	11/03/93	$300 Memo
Kenneth E. Wexler 30 North LaSalle St., Suite 3200 Chicago, IL 60602 Receipt For: Primary / General / Other (specify):	Miller Faucher Chertow Cafferty and Wexler Occupation: Aggregate Year-to-Date $ 300.00	11/03/93	$300 Memo
Bernstein Litowitz Berger & Grossman 1285 Avenue of the Americas New York, NY 10019 Receipt For: Primary / General / Other (specify):	Partnership (See below for allocation) Occupation: Law firm Aggregate Year-to-Date $ 2,500.00	11/19/93	$2,500.00
Jeffrey A. Klafter 1285 Avenue of the Americas New York, NY 10019 Receipt For: Primary / General / Other (specify):	Bernstein Litowitz Berger & Grossman Occupation: Attorney Aggregate Year-to-Date $ 2,500.00	11/19/93	$2,500 Memo

SUBTOTAL of Receipts This Page (optional) $3,700.00

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 5 OF 5

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF SECURITIES AND COMMERCIAL LAW ATTORNEYS PAC (C00236687)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Lieff Cabraser & Heimann Embarcadero Center West 275 Battery Street, 30th Floor San Francisco, CA 94111	Partnership (See below for allocation) Law firm	12/20/93	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William Bernstein 275 Battery Street, 30th Floor San Francisco, CA 94111	Lieff Cabraser & Heimann Attorney	12/20/93	$1,000 Memo
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00		
C. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Goodkind Labaton Rudoff & Sucharow 122 East 42nd Street New York, NY 10168	Partnership (See below for allocation) Law firm	12/08/93	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,000.00		
D. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Edward Labaton 122 East 42nd Street New York, NY 10168	Goodkind Labaton Rudoff & Sucharow Attorney	12/08/93	$500 Memo
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Lawrence A. Sucharow 122 East 42nd Street New York, NY 10168	Goodkind Labaton Rudoff & Sucharow Attorney	12/08/93	$500 Memo
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
F. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	$2,000.00
TOTAL This Period (last page this line number only)	$15,200.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF SECURITIES AND COMMERCIAL LAW ATTORNEYS PAC (C00236687)

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Citizens Bank of Washington 1776 G Street, NW Washington, DC 20005	Interest on checking account N/A	7/31/93 8/31/93 9/30/93	$ 2.44 $12.61 $23.49
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $112.64		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Citizens Bank of Washington (continued)		10/31/93 11/30/93 12/31/93	$21.75 $24.27 $26.03
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) >

TOTAL This Period (last page this line number only) > $110.59

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 21(h)

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NAME OF COMMITTEE (in Full)

NATIONAL ASSOCIATION OF SECURITIES AND COMMERCIAL LAW ATTORNEYS PAC (C00236687)

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
Citizens Bank of Washington 1776 H Street, NW Washington, DC 20005	Checking service charges	7/02/93	$33.75
Citizens Bank of Washington 1776 H Street, NW Washington, DC 20005	Service charges reversed by bank	7/31/93 7/31/93	($31.20) ($15.00)
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
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
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
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
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
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
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 (last page this line number only) ..... ($12.45)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF SECURITIES AND COMMERCIAL LAW ATTORNEYS PAC (C00236687)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends for Bryan '94 6100 Elton Avenue, #1000 Reno, NV 89107	Contribution to Richard Bryan (NV Senate) Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD: $1,000	10/19/93	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Feinstein for Senate in '94 909 Montgomery, #400 San Francisco, CA 94133	Contribution to Dianne Feinstein (CA Senate) Disbursement for: [X] Primary [ ] General [ ] Other (specify) YTD: $1,000	10/19/93	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lynn Schenk for Congress Committee 405 W. Washington, #180 San Francisco, CA 92103	Contribution to Lynn Schenk (CA-49) Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/03/93	$ 500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] 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: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $2,500.00

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 1/31/94
☐	First Class Mail	POSTMARKED
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☐	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

E.S. — PREPARER

2/1/94 — DATE PREPARED

FEC FORM 70-2 (12/92)