

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> National Action Committee (NACPAC)	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 201 So. Biscayne Boulevard, Suite 880	OCT 15 1994
<b>CITY, STATE and ZIP CODE</b> Miami, FL 33131	<b>2. FEC IDENTIFICATION NUMBER</b> CO 0147983
<b>3.</b> <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM TM)	

## 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>07/01/94</u> through <u>09/30/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 24,693
(b) Cash on Hand at Beginning of Reporting Period	\$ 20,549	
(c) Total Receipts (from Line 15)	\$ 38,965	\$ 84,273
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 59,514	\$ 108,966
7. Total Disbursements (from Line 30)	\$ 53,980	\$ 103,432
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 5,534	\$ 5,534
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 20453 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 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 Charles Citrin by Mark R. Vogel, Chairman	
Signature of Treasurer 	Date 10/15/94

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

24059023624

# 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 07/01/94	TO 09/30/94
	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)	32,508	66,718
ii. Unitemized	6,262	16,599
iii. Total (add i and ii) >	38,770	83,317
b. Political Party Committees	N/A	N/A
c. Other Political Committees (such as PACs)	N/A	550
d. Total Contributions (add a ii, b and c) >	38,770	83,867
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.)	195	406
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) >	38,965	84,273
20. Total Federal Receipts (subtract line 18 from line 19) >	38,965	84,273
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H-4)		
i. Federal Share	N/A	N/A
ii. Non-Federal Share	N/A	N/A
b. Other Federal Operating Expenditures	5,480	17,432
c. Total Operating Expenditures (add a i, a ii, and b) >	5,480	17,432
22. Transfers to Affiliated/Other Party Committees	N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees	48,500	86,000
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) >	53,980	103,432
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	53,980	103,432
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	38,770	83,867
33. Total Contribution Refunds (from line 28d)	N/A	N/A
34. Net Contributions (other than loans)(subtract line 33 from 32)	38,770	83,867
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	5,480	17,432
36. Offsets to Operating Expenditures (from line 15)	N/A	N/A
37. Net Operating Expenditures (subtract line 36 from 35) >	5,480	17,432

2 4 0 3 9 0 2 3 6 2 4

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 8

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
Russell Galbut 5601 Collins Ave. Miami Beach, FL	Crescent Heights Investments	07/01/94	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Managing Director Aggregate Year-to-Date > \$1,000		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Weisberg 1401 Brickell Ave., Suite 800 Miami, FL 33131	Self	07/01/94 09/09/94	\$ 600 26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Attorney Aggregate Year-to-Date > \$ 651		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Falk 1770 Micanopy Ave. Miami, FL 33133	Metropolitan Mortgage	07/06/94	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Mortgage Broker 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
Ben Marks 19667 Turnberry Way Miami, FL 33180	N/A	07/06/94	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired 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
Eli Feinberg 9100 S. Dadeland Blvd., Suite 900 Miami, FL 33156	EMF Association	07/06/94 09/30/94	\$ 250 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: President 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
Ronald Kohn 12500 S.W. 68th Ct. Miami, FL 33156	Self	07/07/94	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Clothing Manufacturer 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
Brian Strelitz 3320 N. 34th St. Hollywood, FL 33021	Self	07/07/94 08/07/94 09/12/94	\$ 850 17.76 26
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheons	Occupation: Developer Aggregate Year-to-Date > \$ 969		

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

(Rounded)

\$4,270

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**  
National Action Committee (NACPAC)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Lipoff 3 Grove Isle Dr., Suite 1009 Miami, FL 33133	Greenberg, Traurig, et al. Occupation: Attorney	07/13/94	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 500		
Ezra Katz 2665 S. Bayshore Dr., Suite 1200 Miami, FL 33133	Aztec Group Occupation: Broker	07/13/94	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 250		
Paul Fraynd 244 S. Island Dr. Golden Beach, FL 33160	The Arles Insurance Occupation: President	07/13/94	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 250		
Charles B. Stuzin 1221 Brickell Ave., 16th Floor Miami, FL 33131	Stuzin & Garner Occupation: Attorney	08/17/94	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 250		
Sanford Miot 1 S.E. 3rd Ave., 15th Floor Miami, FL 33131	Self Occupation: Developer	08/19/94	\$2,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Luncheons	Aggregate Year-to-Date > \$2,547		
Neil Nameroff 1221 Brickell Ave., Suite 1020 Miami, FL 33131	Self Occupation: Attorney	08/24/94	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Luncheons	Aggregate Year-to-Date > \$ 530		
Stuart Sisisky 220 Rivo Alto Dr. Miami Beach, FL 33139	Northwestern Mutual Life Occupation: Insurance Sales	08/26/94 09/09/94 09/09/94	\$ 17.76 26 2,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Luncheons	Aggregate Year-to-Date > \$2,679		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	(Rounded)	\$6,794
<b>TOTAL</b> This Period (last page this line number only) .....		



**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)			
National Action Committee (NACPAC)			
<b>A. Full Name, Mailing Address and ZIP Code</b> Rowland Schaefer P.O. Box 9312 Miami, FL 33014 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Claire's Stores Occupation Owner Aggregate Year-to-Date > \$ 2,000	Date (month, day, year) 09/21/94	Amount of Each Receipt this Period \$2,000
<b>B. Full Name, Mailing Address and ZIP Code</b> Tony Blank 9350 S. Dixie Highway, Suite 400 Miami, FL 33156 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer National Brands Occupation Vice-President Aggregate Year-to-Date > \$ 250	Date (month, day, year) 07/13/94	Amount of Each Receipt this Period \$ 250
<b>C. Full Name, Mailing Address and ZIP Code</b> Marvin Lando 1121 Manati Ave. Miami, FL 33146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Deloitte & Touche Occupation CPA Aggregate Year-to-Date > \$ 500	Date (month, day, year) 07/15/94	Amount of Each Receipt this Period \$ 250
<b>D. Full Name, Mailing Address and ZIP Code</b> Edward Shohat 175 N.W. 1st Ave., Suite 1730 Miami, FL 33128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Bierman, Shohat Occupation Attorney Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 07/15/94	Amount of Each Receipt this Period \$1,000
<b>E. Full Name, Mailing Address and ZIP Code</b> Marc Linowitz 1699 Coral Way, Suite 315 Miami, FL 33145 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 07/15/94	Amount of Each Receipt this Period \$ 250
<b>F. Full Name, Mailing Address and ZIP Code</b> Peter Polow 41220 Fisher Island Dr. Fisher Island, FL 33109 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Self Occupation Real Estate Developer Aggregate Year-to-Date > \$ 250	Date (month, day, year) 07/15/94	Amount of Each Receipt this Period \$ 250
<b>G. Full Name, Mailing Address and ZIP Code</b> Leonard Morrison 1425 W. 25th St. Miami Beach, FL 33140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Name of Employer Self Occupation Office Supply Dealer Aggregate Year-to-Date > \$ 500	Date (month, day, year) 07/15/94	Amount of Each Receipt this Period \$ 500
<b>SUBTOTAL of Receipts This Page (optional)</b> .....			\$4,500
<b>TOTAL This Period (last page this line number only)</b> .....			

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

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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
Norman Levine 11401 Biscayne Blvd. Miami, FL 33181	Sheldon Ribotsky Occupation CPA	07/20/94	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 500		
Stephen E. Rose 911 St. Andrews Road Hollywood, FL 33021	Greater Miami Federation Foundation Occupation Development Div.	07/20/94	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 500		
Kenneth Rosen 12400 S.W. 75th Ave. Miami, FL 33156	Self Occupation Physician	07/27/94	\$ 400
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 400		
Marvin Cooper 5000 N. Bay Rd. Miami Beach, FL 33140	Self Occupation Motel Owner	07/27/94	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 1,000		
Charles Treister 1624 Micanopy Ave. Miami, FL 33133	Self Occupation Architect	07/29/94	\$ 250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 250		
Don Solomon 2501 Hollywood Blvd. Hollywood, FL 33020	EAP Management Corp. Occupation Owner	07/29/94	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 500		
Paul Cummings 1428 Brickell Ave., Suite 400 Miami, FL 33131	Self Occupation Attorney	07/29/94	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Aggregate Year-to-Date > \$ 500		

**SUBTOTAL** of Receipts This Page (optional) ..... \$3,650

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

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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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
Barbara J. Silverman 20941 NE 21 Ave. No, Miami Beach, FL 33179	American Friends of the Hebrew University	09/30/94	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Luncheon	Occupation: Fundraiser	08/17/94	17.76
		Aggregate Year-to-Date >	\$ 1,268
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh Westbrook 150 So. Prospect Dr. Miami, FL 33133	Vitas, Inc.	09/30/94	\$3,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President		
		Aggregate Year-to-Date >	\$ 3,000
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 >	\$

24039023632

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	Rounded	\$4,018
<b>TOTAL</b> This Period (last page this line number only) .....		\$32,508

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

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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	N/A	07/01/94 through 09/30/94	\$6,262
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General	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	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	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	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	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	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	Occupation	Aggregate Year-to-Date	\$

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

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

\$6,262

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 (NAC PAC)

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 So. Biscayne Blvd. #880 Miami, FL 33131	Reimbursement of Administrative Expenses	07/06/94	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	07/08/94	15.50
	<input type="checkbox"/> Other (specify)	07/08/94	4.87
Mark R. Vogel, P.A. 201 So. Biscayne Blvd. #880 Miami, FL 33131	Reimbursement of Administrative Expenses	07/27/94	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	09/10/94	1,000.00
	<input type="checkbox"/> Other (specify)		
Van Dee Mailing Service PO Box 1 Hollywood, FL 33022	Mailing and Postage	08/16/94	\$150.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	08/30/94	150.00
	<input type="checkbox"/> Other (specify)		
Van Dee Mailing Service PO Box 1 Hollywood, FL 33022	Mailing and Postage	08/29/94	\$10.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	09/09/94	11.44
	<input type="checkbox"/> Other (specify)		
City Club of Miami 200 So. Biscayne Blvd. 26 Fl Miami, FL 33131	Member Luncheons	09/09/94	\$304.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Mark R. Vogel, P.A. 201 So. Biscayne Blvd. 880 Miami, FL 33131	Reimbursement of Administrative Expenses	09/26/94	\$1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Unitemized Disbursements Under \$200	Secretarial, courier, subscriptions	07/01/94 through 09/30/94	\$833.81
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
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)		
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)	
TOTAL This Period (last page this line number only)	\$5,480

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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 (NACFAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Cong. Richard Durbin US 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 checked="" type="checkbox"/> Other (specify) 1994 Primary	07/06/94	\$1,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
	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 Page
Cong. Karen Shepherd US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$250 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	07/19/94	\$250
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Cong. Scott Klug US 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) 1994 Primary	07/21/94	\$1,000
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Cong. Carolyn Maloney US 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) 1994 Primary	07/21/94	\$1,000
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Cong. Charles Taylor US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	07/21/94	\$1,000
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Cong. Larry LaRocco US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	07/21/94	\$1,000
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Cong. Thomas Foley US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$2,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary and General	07/27/94 09/30/94	\$1,000 *1,000
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Page
Gov. Mike Sullivan The Capitol Cheyenne, WY	US Senate Campaign YTD: \$500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	07/27/94	\$500

SUBTOTAL of Disbursements This Page (optional) ..... \$7,750

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

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement US House of Reps. Campaign YTD: \$500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	Date (month, day, year) 08/10/94	Amount of Each Disbursement This Period \$500
B. Full Name, Mailing Address and ZIP Code Sen. Paul Sarbanes US Senate Washington, DC 20515	Purpose of Disbursement US Senate Campaign YTD: \$5,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	Date (month, day, year) 09/08/94	Amount of Each Disbursement This Period \$5,000
C. Full Name, Mailing Address and ZIP Code Cong. Sandor Levin US House of Representatives Washington, DC 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	Date (month, day, year) 09/09/94	Amount of Each Disbursement This Period \$1,500
D. Full Name, Mailing Address and ZIP Code Cong. Dan Glickman US House of Representatives Washington, DC 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	Date (month, day, year) 09/16/94	Amount of Each Disbursement This Period \$1,000
E. Full Name, Mailing Address and ZIP Code Cong. Bob Filner US House of Representatives Washington, DC 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	Date (month, day, year) 09/19/94	Amount of Each Disbursement This Period \$1,000
F. Full Name, Mailing Address and ZIP Code Sen. Dianne Feinstein US Senate Washington, DC 20510	Purpose of Disbursement US Senate Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	Date (month, day, year) 09/22/94	Amount of Each Disbursement This Period \$1,000
G. Full Name, Mailing Address and ZIP Code Committee for a Progressive Congress 278 Cong. David Obey US House of Reps. Washington, DC 20515	Purpose of Disbursement US Congress Campaigns YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	Date (month, day, year) 09/30/94	Amount of Each Disbursement This Period \$1,000
H. Full Name, Mailing Address and ZIP Code Cong. Sam Cojzensen US House of Representatives Washington, DC 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$3,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	Date (month, day, year) 09/30/94	Amount of Each Disbursement This Period \$3,000
I. Full Name, Mailing Address and ZIP Code Cong. Norman Sisiky US House of Representatives Washington, DC 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$ 1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 994 General	Date (month, day, year) 09/30/94	Amount of Each Disbursement This Period \$1,500

SUBTOTAL of Disbursements This Page (optional) ..... \$15,500

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**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4  
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. Alan Wheat US House Of Representatives Washington, DC 20515	US Senate Campaign YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	09/30/94	\$1,500
Cong. Eric Fingerhut US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	09/30/94	\$1,500
Cong. Marjorie Margolies-Mezvinsky US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	09/30/94	\$1,000
Cong. Jim Lightfoot US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	09/30/94	\$1,500
Cong. Martin Lancaster US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	09/30/94	\$1,000
Cong. Jolene Unsoeld US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	09/30/94	\$1,500
CONF. Bob Carr US House of Representatives 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) 1994 General	09/30/94	\$5,000
Richard Moore P.O.Box 40 Oxford, N.C. 27565	US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	09/30/94	\$1,000
Cong. Dave McCurdy US House of Representatives Washington, DC 20515	US Senate Campaign YTD: \$2,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	09/30/94	\$2,500

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

16,500

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

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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POSTMARKED

10/15/94

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

E.E.S.  
PREPARER

10/19/94  
DATE PREPARED

94039023639