

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full) National Action Committee (NACPAC)	2. FEC IDENTIFICATION NUMBER 00147983
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 601 Brickell Key Drive, Suite 801	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Miami, FL 33131	7(R) ADD 11 0 1 56

## 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  |
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election 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>01/01/00</u> through <u>03/31/00</u>		
6. (a) Cash on Hand January 1, <del>19</del> 2000		\$ 27,889
(b) Cash on Hand at Beginning of Reporting Period	\$ 27,889	
(c) Total Receipts (from Line 19)	\$ 46,492	\$ 46,492
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 74,381	\$ 74,381
7. Total Disbursements (from Line 30)	\$ 26,676	\$ 26,676
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 47,705	\$ 47,705
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 202-694-1100
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	Date 04/11/00
Signature of Treasurer 	

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

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

(revised 1/1/91)

NAME OF COMMITTEE <b>National Action Committee (NACPAC)</b>		REPORT COVERING PERIOD FROM <b>01/01/00</b> TO: <b>03/31/00</b>	
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees:			
i. Itemized (use Schedule A)	41,910	41,910	11(a)(i)
ii. Unitemized	4,300	4,300	11(a)(ii)
iii. Total (add i and ii) >	46,210	46,210	11(a)(iii)
b. Political Party Committees	N/A	N/A	11(b)
c. Other Political Committees (such as PADs)	N/A	N/A	11(c)
d. Total Contributions (add a ii, b and c) >	46,210	46,210	11(d)
12. Transfers From Affiliated/Other Party Committees	N/A	N/A	12
13. All Loans Received	N/A	N/A	13
14. Loan Repayments Received	N/A	N/A	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	N/A	N/A	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	N/A	N/A	16
17. Other Federal Receipts (Dividends, Interest, etc.)	Interest 282	282	17
18. Transfers from Nonfederal Account for Joint Activity	N/A	N/A	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	46,492	46,492	19
20. Total Federal Receipts (subtract line 18 from line 19) >	46,492	46,492	20
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4):			
i. Federal Share	N/A	N/A	21(a)(i)
ii. Non-Federal Share	N/A	N/A	21(a)(ii)
b. Other Federal Operating Expenditures	4,426	4,426	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	4,426	4,426	21(c)
22. Transfers to Affiliated/Other Party Committees	N/A	N/A	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	22,250	22,250	23
24. Independent Expenditures (use Schedule E)	N/A	N/A	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	N/A	N/A	25
26. Loan Repayments Made	N/A	N/A	26
27. Loans Made	N/A	N/A	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	N/A	N/A	28(a)
b. Political Party Committees	N/A	N/A	28(b)
c. Other Political Committees (such as PACs)	N/A	N/A	28(c)
d. Total Contribution Refunds (add a, b and c) >	N/A	N/A	28(d)
29. Other Disbursements	N/A	N/A	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	26,676	26,676	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	26,676	26,676	31
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)	46,210	46,210	32
33. Total Contribution Refunds (from line 28d)	N/A	N/A	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	46,210	46,210	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	4,426	4,426	35
36. Offsets to Operating Expenditures (from line 15)	N/A	N/A	36
37. Net Operating Expenditures (subtract line 36 from 35) >	4,426	4,426	37

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 9  
FOR LINE NUMBER 11.a.1.

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
Tami Mack 370 W. Passaic Street Rochelle Park, NJ 07662	N/A	01/11/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Homemaker	Aggregate Year-to-Date > \$1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Linevsky 200 S.E. 15th Road, #7G Miami, FL 33129	Maurice Gelina & Assoc.	01/11/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Real Estate	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tom Lefman 1293 N.E. 95th Street Miami Shores, FL 33138	Tow & Beasley	01/11/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Attorney	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles B. Stuzin 550 Biltmore Way, Suite 700 Coral Gables, FL 33134	Stuzin & Camner	01/11/00	\$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	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Traurig 1221 Brickell Avenue Miami, FL 33131	Greenberg-Traurig	01/11/00	\$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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sid Sussman 5841 Biscayne Blvd. Miami, FL 33137	Florida Realty	01/11/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Real Estate	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
Cindi Zilber 2950 S.W. 27th Avenue, #210 Miami, FL 33133	N/A	01/11/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Homemaker	Aggregate Year-to-Date > \$ 500	

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

\$3,750

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 9  
FOR LINE NUMBER 11, a. i.

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**NAME OF COMMITTEE (In Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc Silverman 5770 S.W. 128th Street Miami, FL 33156	Self	01/14/00	\$ 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Insurance	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry J. Silverman 19553 N.E. 37th Avenue North Miami Beach, FL 33180	Self	01/14/00	\$1,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Medical Doctor	Aggregate Year-to-Date > \$ 1,500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
F. Harvey Whittemore 2215 Hedgewood Drive Reno, NV 89509	Self	01/14/00	\$5,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Attorney	Aggregate Year-to-Date > \$ 5,000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Annette F. Whittemore 2215 Hedgewood Drive Reno, NV 89509	N/A	01/14/00	\$3,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Homemaker	Aggregate Year-to-Date > \$ 3,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jacob Friedman 2500 S. Ocean Blvd. Palm Beach, FL 33480	N/A	02/01/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Retired	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary Glickstein 4144 Chase Avenue Miami Beach, FL 33140	Temple Beth Shalom	02/01/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: Rabbi	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman Levine 21320 N.E. 19th Avenue Miami, FL 33179	Ribotsky, Sheldon & Levine	02/01/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Occupation: CPA	Aggregate Year-to-Date > \$ 500	

**SUBTOTAL** of Receipts This Page (optional) ..... \$12,000

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 3 OF 9

FOR LINE NUMBER 11, a, i.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Diener 8877 Collins Avenue Surfside, FL 33154	Hotel Reservations Network	02/01/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation President	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code Haskell L. Simon P.O. Box 106 Bay City, TX 77404-0106	Name of Employer N/A	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period \$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	
C. Full Name, Mailing Address and ZIP Code Berdele M. Katz 5555 Reservoir Drive, #112 San Diego, CA 92120	Name of Employer N/A	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Homemaker	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code Ellie Katz 5633 Live Oak Terrace Fort Lauderdale, FL 33312	Name of Employer N/A	Date (month, day, year) 02/01/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Homemaker	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code Howard Kaplan 20023 N.E. 19th Place North Miami Beach, FL 33179	Name of Employer TransChemical	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period \$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Vice President	Aggregate Year-to-Date > \$ 1,000	
F. Full Name, Mailing Address and ZIP Code Robert Karl 6500 S.W. 114th Street Miami, FL 33156-4871	Name of Employer Self	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Medical Doctor	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code Barry Tabachnikoff 9400 S.W. 87th Avenue Miami, FL 33176	Name of Employer Temple Bet Breira	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Rabbi	Aggregate Year-to-Date > \$ 500	

**SUBTOTAL** of Receipts This Page (optional) ..... \$4,250

**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 4 OF 9

FOR LINE NUMBER

11 a-1

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**NAME OF COMMITTEE (In Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Melvin Dow 9 Greenway Plaza, Suite 2300 Houston, TX 77046	Dow, Cogburn	03/01/00	\$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		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Mitnick P.O. Box 3128 Jasper, AL 35502	N/A	03/01/00	\$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		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven Messing Two S. Biscayne Blvd., Suite 2800 Miami, FL 33131	KPMG Peat Marwick	03/01/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation C.P.A.		
	Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ron Krongold 201 Alhambra Circle, 8th Floor Coral Gables, FL 33134	Krongold & Bass	03/01/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney		
	Aggregate Year-to-Date > \$ 250		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Louise Allen 3017 Birkdale Fort Lauderdale, FL 33326	Starns & Weaver	03/01/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney		
	Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Larry Hochberg One Northfield Plaza, Suite 210 Northfield, IL 60093	Self	03/01/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Investor		
	Aggregate Year-to-Date > \$ 1,000		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Stuart Sisisky 6690 Windsor Lane Miami Beach, FL 33141	Northern Trust Bank	03/06/00	\$2,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Vice President		
	Aggregate Year-to-Date > \$ 2,500		

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

\$5,000

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE **5** OF **9**  
FOR LINE NUMBER **11.a.1.**

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**NAME OF COMMITTEE (in Full)**

**National Action Committee (NACPAC)**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harvey Friedman 7610 S.W. 133rd Street Miami, FL 33156	N/A	03/06/00	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>		Occupation: <b>Retired</b> 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
Bernard Cohn 1800 N.E. 114th Street, #1009 North Miami, FL 33181	N/A	03/06/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>		Occupation: <b>Retired</b> Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Feisher One Grove Isle Drive, #1702 Miami, FL 33133	Riverdale Farms	03/13/00	\$350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>		Occupation: <b>President</b> Aggregate Year-to-Date > \$ 350	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helene Berger 3 Grove Isle Drive, #801 Miami, FL 33133	N/A	03/13/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>		Occupation: <b>Homemaker</b> 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
Fred Cherkow 6297 S.W. 102nd Street Miami, FL 33156	Baptist Hospital	03/13/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>		Occupation: <b>Security</b> 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
Howard Lucas 2121 Ponce de Leon Blvd., #1100 Coral Gables, FL 33134	Goldstein Schechter Price Lucas Horwitz & Co.	03/13/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>		Occupation: <b>C.P.A.</b> Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ray Ellen Yarkin 10340 W. Broadview Drive Bay Harbor Island, FL 33154	Self	03/13/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>		Occupation: <b>Attorney</b> Aggregate Year-to-Date > \$ 500	

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

**\$3,350**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 6 OF 9  
FOR LINE NUMBER 11, a.i.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Shohat 800 Brickell Avenue, PH II Miami, FL 33131	Bieman, Shohat	03/13/00	\$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		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Spector 201 S. Biscayne Blvd., #400 Miami, FL 33131	Kenny, Nachwalte	03/13/00	\$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		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bert Sager P.O. Box 43-1495 South Miami, FL 33243	Self	03/13/00	\$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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth A. Rosen 9000 S.W. 87th Court, #202 Miami, FL 33176	Self	03/13/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Medical Doctor 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
Paul S. Swaye 1870 N.E. 118th Road North Miami, FL 33181	Self	03/13/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Medical Doctor 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
Arthur Golden 1210 98th Street Bay Harbour Island, FL 33154	Smith Barney	03/13/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Account Executive Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lonnie Kaplan 70 N. Montgomery Street Trenton, NJ 08608	Self	03/13/00	\$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		

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

\$3,500

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 7 OF 9  
FOR LINE NUMBER 11.a.i.

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**NAME OF COMMITTEE (in Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven H. Caller 1805 Lakehill Circle Lexington, KY 40502 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Self Occupation: Real Estate Aggregate Year-to-Date > \$ 300	03/13/00	\$300
Don R. Solomon 2501 Hollywood Blvd., #220 Hollywood, FL 33020 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	EAP Management Occupation: President Aggregate Year-to-Date > \$ 360	03/14/00	\$360
Eli Feinberg 9100 S. Dadeland Blvd., #900 Miami, FL 33156 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	EMF Associates Occupation: Lobbyist Aggregate Year-to-Date > \$ 250	03/14/00	\$250
Lynn Schusterman 2142 Forest Blvd. Tulsa, OK 74114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	N/A Occupation: Homemaker Aggregate Year-to-Date > \$ 1,000	03/14/00	\$1,000
Bradley R. Kastan 2355 Commonwealth Park South Columbus, OH 43209 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	Paine Webber Occupation: Account Executive Aggregate Year-to-Date > \$ 500	03/14/00	\$500
Michael Jacobson 3611 N. 53rd Avenue Hollywood, FL 33021 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Self Occupation: Software Designer Aggregate Year-to-Date > \$ 825	03/17/00	\$825
Robert M. Levy 780 N.E. 69th Street, #1703 Miami, FL 33138 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): DUES	RML Associates Occupation: Lobbyist Aggregate Year-to-Date > \$ 500	03/17/00	\$500

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

\$3,735

**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 8 OF 9  
FOR LINE NUMBER 11, a, i.

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NAME OF COMMITTEE (in Full)

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Goldenberg 6821 York Avenue South Edina, MN 55435	Huntington Learning Center	03/27/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Regional Director Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Rose 4870 N. Hills Drive Hollywood, FL 33021	Foundation of Jewish Philanthropies	03/27/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Executive Director Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Levenson 6001 S.W. 108th Street Miami, FL 33156	Merrill Lynch	03/27/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Account Executive Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Welsberg 1401 Brickell Avenue, #800 Miami, FL 33131	Self	03/27/00	\$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		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Craig Edward Stein 1164-B Normandy Drive Miami Beach, FL 33141	Self	03/27/00	\$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		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stanford Alexander 203 Timberwilde Houston, TX 77024	N/A	03/27/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Retired 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
Morris Futernick Two Grove Isle Drive, #1509 Miami, FL 33133	Smith Terminal	03/31/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$ 500		

SUBTOTAL of Receipts This Page (optional)

\$4,000

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 9 OF 9  
FOR LINE NUMBER 11.a.1.

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**NAME OF COMMITTEE (in Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Judith Ellenbogen 9801 Collins Avenue, PH-11 Bal Harbour, FL 33154	N/A	03/17/00 03/31/00	\$25 \$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues & Luncheon	Occupation: Retired	Aggregate Year-to-Date > \$ 325	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jonathan Slade 1747 Pennsylvania Ave. NW, Suite 1150 Washington, D.C. 20006	MW Strategic Communications	03/31/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Lobbyist	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eli Papir 1971 N.E. 191st Drive North Miami Beach, FL 33179	Darnel, Inc.	03/31/00	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Manufacturer	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeffrey Greenberg 11790 S.W. 89th Street Miami, FL 33186	Wald Greenberg Cohen Schneider & Co.	03/31/00	\$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: C.P.A.	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Neal Sonnett Two S. Biscayne Blvd., #2600 Miami, FL 33131	Self	03/31/00	\$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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Neil Nameroff 100 S.E. 2nd Street, Suite 3350 Miami, FL 33131	Self	03/31/00	\$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	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) .....

\$2,325

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

\$41,910

**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.

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unitized receipts under \$200		01/01/00 through 03/31/00	\$4,300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <u>Dues &amp; Luncheons</u>	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

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

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

\$4,300

**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 Administrative Expenses Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/02/00 03/01/00	\$1,000 \$1,500
Citibank Visa P.O. Box 8107 South Hackensack, NJ 07606	Luncheons, Website, travel Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	02/23/00 03/20/00	\$1,407.65 \$333.87
Unitized Disbursements under \$200	Couriers, printing, website Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	01/01/00 through 03/31/00	\$184.51
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) .....

\$4,426.03

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

(Rounded)

\$4,426

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. House of Rep. Campaign (MT-AL) YTD: \$250 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 General	Date (month, day, year)	Amount of Each Disbursement This Period
Ms. Nancy Keenan P.O. Box 9249 Helena, MT 59604		01/28/00	\$250
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. House of Rep. Campaign (NV-10D) YTD: \$3,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 General	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Shelley Berkley U.S. House of Representatives Washington, D.C. 20015		02/08/00	\$3,500
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. House of Rep. Campaign (IL-10CD) YTD: \$1,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
Mr. Andrew Hochberg One Northfield Plaza, Suite 210 Northfield, IL 60093		02/09/00	\$1,000
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. Senate Campaign (KY) YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2002 General	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Mitch McConnell U.S. Senate Washington, D.C. 20010		03/01/00	\$1,500
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. Senate Campaign (CA) YTD: \$5,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 Primary	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Dianne Feinstein U.S. Senate Washington, D.C. 20010		03/01/00	\$5,000
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. HOUSE of Rep. Campaign (NJ-1CD) YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 General	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Rob Andrews U.S. House of Representatives Washington, D.C. 20015		03/02/00	\$1,000
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. House of Rep. Campaign (KY-1CD) YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 General	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Ed Whitfield U.S. House of Representatives Washington, D.C. 20015		03/06/00	\$1,500
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. House of Rep. Campaign (WA-5CD) YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 General	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. George Nethercutt, Jr. U.S. House of Representatives Washington, D.C. 20015		03/06/00	\$1,500
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement U.S. House of Rep. Campaign (KY-3CD) YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 General	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. Anne Northup U.S. House of Representatives Washington, D.C. 20015		03/06/00	\$1,000

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

\$16,250

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2  
FOR LINE NUMBER 23

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**NAME OF COMMITTEE (in Full)**

National Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sen. Paul Sarbanes U.S. Senate Washington, D.C. 20010	U.S. Senate Campaign (MD) YTD: \$5,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 General	03/20/00	\$5,000
Cong. Richard Army U.S. House of Representatives Washington, D.C. 20015	U.S. House of Rep. Campaign (TX-26CD) YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 General	03/24/00	\$1,000
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) .....

\$6,000

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

\$22,250

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 4-11-00
<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>REG</i> PREPARER	4-14-00 DATE PREPARED