94039622760

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

TYPE OR PRINT

1. NAME OF COMMITTEE (in full): The National Education Association Political Action Committee

ADDRESS (number and street): [ ] Check if different than previously reported

1201 16th Street, N.W.

CITY, STATE and ZIP CODE

Washington, D.C. 20036

2. FEC IDENTIFICATION NUMBER
C00003251

3. [x] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) [ ] April 15 Quarterly Report

[ ] July 15 Quarterly Report

[ ] October 15 Quarterly Report

[ ] January 31 Year End Report

[ ] July 31 Mid Year Report (Non-election Year Only)

[ ] Termination Report

Monthly Report Due On:

[ ] February 20	[ ] June 20	[ ] October 20
[ ] March 20	[ ] July 20	[ ] November 20
[ ] April 20	[ ] August 20	[ ] December 20
[ ] May 20	[ ] September 20	[x] 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	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 11/29/94 through 12/31/94		$ 1,068,975.88
6. (a) Cash on Hand January 1, 19 94	$ 146,493.73	
(b) Cash on Hand at Beginning of Reporting Period	$ 222,049.52	$ 2,368,108.38
(c) Total Receipts (from Line 18)	$ 368,343.25	$ 3,437,084.26
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 441.06	$ 3,068,982.07
7. Total Disbursements (from Line 30)	$ 368,102.19	$ 368,102.19
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ NONE	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ NONE	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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
Kenneth Melley - Treasurer Designee

Signature of Treasurer: Kenneth F. Melley

Date: 1/30/95

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)