

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

JUL 15 2 49 PM '96

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
**NATIONAL ACTION COMMITTEE (NACPAC)**

ADDRESS (number and street)  Check if different than previously reported  
**201 So. Biscayne Blvd., Ste., 880**

CITY, STATE and ZIP CODE  
**Miami, FL 33131**

2. FEC IDENTIFICATION NUMBER  
**C001479983**

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
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

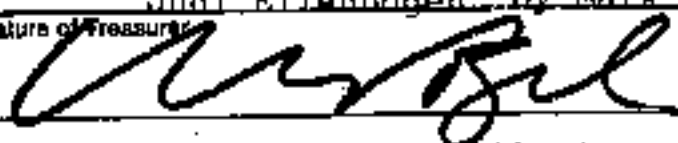
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 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
6. Covering Period <u>04/01/96</u> through <u>06/30/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 11,973
(b) Cash on Hand at Beginning of Reporting Period	\$ 18,542	
(c) Total Receipts (from Line 19)	\$ 15,096	\$ 56,374
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 33,638	\$ 68,347
7. Total Disbursements (from Line 30)	\$ 22,581	\$ 57,290
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 11,057	\$ 11,057
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 800-424-9530 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  
**Judi Ellenbogen, by Mark B. Vogel, Chairman**

Signature of Treasurer  Date **07/09/96**

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 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
	FROM	TO
National Action Committee	04-01-96	06-30-96
	<b>COLUMN A</b>	<b>COLUMN B</b>
	<b>Total This Period</b>	<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)	13,165	50,065
ii. Unitemized	1,841	6,137
iii. Total (add i and ii) >	15,006	56,202
b. Political Party Committees	N/A	N/A
c. Other Political Committees (such as PACs)	N/A	N/A
d. Total Contributions (add a, b, and c) >	15,006	56,202
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.)	90	172
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) >	15,096	56,374
20. Total Federal Receipts (subtract line 18 from line 19) >	15,096	56,374
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	N/A	N/A
ii. Non-Federal Share	N/A	N/A
b. Other Federal Operating Expenditures	6,081	13,540
c. Total Operating Expenditures (add a i, a ii, and b) >	6,081	13,540
22. Transfers to Affiliated/Other Party Committees	N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees	16,500	43,750
24. Independent Expenditures (use Schedule E)	N/A	N/A
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	N/A	N/A
26. Loan Repayments Made	N/A	N/A
27. Loans Made	N/A	N/A
28. Refunds of Contributions To:		
a. Individuals/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		
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	22,581	57,290
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	22,581	57,290
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	15,006	56,202
33. Total Contribution Refunds (from line 28d)	N/A	N/A
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,006	56,202
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	6,081	13,540
36. Offsets to Operating Expenditures (from line 15)	N/A	N/A
37. Net Operating Expenditures (subtract line 36 from 35) >	6,081	13,540

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 4  
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
Fred Havenick PO BOX 350940 Miami, FL 33135	Flagler Dog Track	04-10-96	\$1,800
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$ 1,800		
Barbara Black 1000 Island Blvd., #709 Miami, FL 33150	Barbara Scott Gallery	04-10-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Art Dealer Aggregate Year-to-Date > \$ 250		
Norman Lipoff 3 Grove Isle Dr., #1009 Miami, FL 33133	Greenberg, Traurig, et al	04-16-96	\$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		
Eli Feinberg 9100 So. Dadeland Blvd., #900 Miami, FL 33156	EMF Association	04-16-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$ 1,000		
Louise J. Allen 150 W. Flagler St., #2200 Miami, FL 33130	Sterns & Weaver	05-17-96	\$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		
Jacob Friedman 2500 S. Ocean Blvd. Palm Beach, FL 33480	Retired	06-03-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: N/A Aggregate Year-to-Date > \$ 250		
Jeffrey Granoff 6750 Granada Blvd. Coral Gables, FL 33146	Self	06-03-96	\$1,250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Marketing Aggregate Year-to-Date > \$ 1,277		

**SUBTOTAL** of Receipts This Page (optional) ..... \$4,550

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 2 OF 4  
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NAME OF COMMITTEE (in Full)

Natioanl Action Committee (NACPAC)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Cummings 1428 Brickell Ave., #400 Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Self Occupation: Attorney Aggregate Year-to-Date > \$ 500	06-03-96	\$500
Bob Leyy 780 N.E. 69th St., #1703 Miami, FL 33138 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Self Occupation: Public Relations Aggregate Year-to-Date > \$ 250	06-07-96	\$250
Leonard Abess, Jr. PO BOX 025620 Miami, FL 33102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	City National Bank of Florida Occupation: President Aggregate Year-to-Date > \$ 1,000	06-07-96	\$1,000
Karen Mintz Margulies 4040 N. Ocean Drive Hollywood, FL 33019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	N/A Occupation: Home Maker Aggregate Year-to-Date > \$ 250	06-07-96	\$250
Cynthia I. Chiefa 201 So. Biscayne Blvd., #880 Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Self Occupation: Attorney Aggregate Year-to-Date > \$ 627	06-07-96	\$600
James Cassel 201 S. Biscayne Blvd., #3000 Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Broad & Cassel Occupation: Attorney Aggregate Year-to-Date > \$ 500	06-07-96	\$500
Ron Lowy 5617 La Gorce Drive Miami Beach, FL 33140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Lunch	Self Occupation: Attorney Aggregate Year-to-Date > \$ 1015	06-10-96 06-20-96	\$1,000.00 14.92

SUBTOTAL of Receipts This Page (optional) ..... (Rounded) \$4,115

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 4  
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
Charles Ganz 2875 N.E. 191 St., PH-1 No. Miami Beach, FL 33180	Ganz Capitol	06-13-96	\$1,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$ 2,500		
B. Full Name, Mailing Address and ZIP Code Rabbi Barry Tabachnikoff 9400 S.W. 87th Avenue Miami, FL 33176	Congregation Bet Breira	06-13-96	\$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		
C. Full Name, Mailing Address and ZIP Code S.J. Workman 3370 North 47th Avenue Hollywood, FL 33021	Bayshore Capital	06-20-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: President Aggregate Year-to-Date > \$ 250		
D. Full Name, Mailing Address and ZIP Code Nina Ellenbogen 39 La Gorce Circle La Gorce Island, FL 33141	Self	06-20-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Physician Aggregate Year-to-Date > \$ 304		
E. Full Name, Mailing Address and ZIP Code Ray Ellen Yarkin 10340 W. Broadview Dr. Bay Harbor, FL 33154	Self	06-20-96	\$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 Paul Swaye 1870 N.E. 110th Road No. Miami, FL 33181	Self	06-27-96	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Physician Aggregate Year-to-Date > \$ 250		
G. Full Name, Mailing Address and ZIP Code Michael Olin 25 W. Flagler St., #800 Miami, FL 33130	Podhurst & Orseck	06-27-96	\$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		

**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 4  
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 Tony Blank 9350 S. Dixie Highway, #900 Miami, FL 33156	Name of Employer National Brands  Occupation Vice-President	Date (month, day, year) 06-27-96	Amount of Each Receipt this Period \$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues		Aggregate Year-to-Date \$ 250	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General		Date (month, day, year)	
<input type="checkbox"/> Other (specify):		Occupation	

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

TOTAL This Period (last page this line number only) ..... 13,165

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

A. Full Name, Mailing Address and ZIP Code Unitemized Receipts Under \$200	Name of Employer N/A	Date (month, day, year) 04-01-96 through 06-30-96	Amount of Each Receipt this Period \$1,841.47
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	
B. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	
C. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	
D. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	
E. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	
F. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	
G. Full Name, Mailing Address and ZIP Code		Date (month, day, year)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date \$	

SUBTOTAL of Receipts This Page (optional) ..... 1,841.47

TOTAL This Period (last page this line number only) ..... [Rounded] 1,841

**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	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 Exp.	04-02-96	\$1,500.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	05-03-96	1,500.00
	<input type="checkbox"/> Other (specify)	06-03-96	1,500.00
Beatriz Niebla 14280 S.W. 37th St. Miami, FL 33175	Parking & Insurance	04-05-96	\$ 38.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	04-24-96	38.00
	<input type="checkbox"/> Other (specify)	05-14-96	38.00
Beatriz Niebla 14280 S.W. 37th St. Miami, FL 33175	Parking & Insurance	05-28-96	\$ 76.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	06-26-96	76.00
	<input type="checkbox"/> Other (specify)		
Mari C. Moreira PO BOX 832253 Miami, FL 33283	Parking & Insurance	04-24-96	\$ 114.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	05-28-96	114.00
	<input type="checkbox"/> Other (specify)	06-26-96	114.00
Citibank Visa PO BOX 6500 Sioux Falls, SD 57117	Member Lunch & Breakfast	05-20-96	\$ 60.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	06-17-96	253.00
	<input type="checkbox"/> Other (specify)		
Leadership Directories 104 Fifth Avenue, 2nd Floor New York, NY 10011	Subscription	05-22-96	\$ 237.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		
Unitemized Disbursements Under \$200	Courier, Secretarial Subscription, etc.	04-01-96 through 06-30-96	\$ 423.24
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> 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: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	<input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6081.24
<b>TOTAL</b> This Period (last page this line number only) ..... (Rounded) .....	6,081



**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	Date (month, day, year)	Amount of Each Disbursement This Period
Cong. John Lewis US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$2,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	04-12-96	\$2,000
Cong. Norman Sisiky 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) 1996 General	04-24-96	\$1,000
Cong. Sandy Levin US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$2,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	05-06-96	\$2,000
Sen. Paul Wellstone US Senate Washington, DC 20510	US Senate Campaign YTD: \$2,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	05-13-96	\$2,500
Cong. Dan Burton US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$2,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	05-20-96	\$2,000
Sen. Tom Harkin US Senate Washington, DC 20510	US Senate Campaign YTD: \$1,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 Primary	05-22-96	\$1,000
Sen. Phil Gramm US Senate Washington, DC 20510	US Senate Campaign YTD: \$1,500 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	05-28-96	\$1,500
Cong. Ben Gilman 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) 1996 General	06-03-96	\$1,500
Cong. Dick Armye 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) 1996 General	06-03-96	\$1,000

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	14,500
<b>TOTAL</b> 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
Cong. Vic Fazio US House of Representatives Washington, DC 20515	US House of Reps. Campaign YTD: \$2,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1996 General	06-01-96	\$2,000
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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

2,000

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

16,500

