

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)  
National Action Committee

ADDRESS (number and street)  Check if different than previously reported  
201 South Biscayne Blvd., Suite 880

CITY, STATE and ZIP CODE  
Miami, FL 33131

AUG 2 1 07 PM '95

2. FEC IDENTIFICATION NUMBER  
C00147983

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

## 4. TYPE OF REPORT

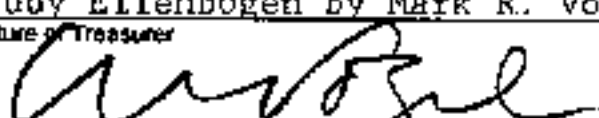
- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/95</u> through <u>06/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 8,882
(b) Cash on Hand at Beginning of Reporting Period	\$ 8,882	
(c) Total Receipts (from Line 19)	\$32,447	\$32,447
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$41,329	\$41,329
7. Total Disbursements (from Line 30)	\$28,369	\$28,369
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$12,960	\$12,960
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 888 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  
Judy Ellenbogen by Mark R. Vogel, Chairman

Signature of Treasurer  Date 07/25/95

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

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

(revised 1/1/91)

NAME OF COMMITTEE National Action Committee (NACPAC)		REPORT COVERING PERIOD FROM 01-01-95 TO 06-30-95	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		26,305	26,305
ii. Unitemized		5,511	5,511
iii. Total (add i and ii) >		31,816	31,816
b. Political Party Committees		N/A	N/A
c. Other Political Committees (such as PACs)		500	500
d. Total Contributions (add a iii, b and c) >		32,316	32,316
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.)	Interest	131	131
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) >		32,447	32,447
20. Total Federal Receipts (subtract line 18 from line 19) >		32,447	32,447
II. Disbursements			
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		9,869	9,869
c. Total Operating Expenditures (add a i, a ii, and b) >		9,869	9,869
22. Transfers to Affiliated/Other Party Committees		N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees		18,500	18,500
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) >		28,369	28,369
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		28,369	28,369
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		32,316	32,316
33. Total Contribution Refunds (from line 28d)		N/A	N/A
34. Net Contributions (other than loans)(subtract line 33 from 32)		32,316	32,316
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		9,869	9,869
36. Offsets to Operating Expenditures (from line 15)		N/A	N/A
37. Net Operating Expenditures (subtract line 36 from 35) >		9,869	9,869

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 6  
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
Barry Tabachnikoff 9400 S.W. 87 Ave. Miami, FL 33176	Congregation Bet Breira	01-04-95 05-12-95	500 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues and luncheons	Occupation Rabbi	Aggregate Year-to-Date > \$ 525	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jonathan Slade 1101 17th St., NW #202 Washington, D.C. 20036	MWW Strategic	01-20-95	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues and luncheons	Occupation Public relations	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
Barbara Grossman 30 Huntington Rd. Newton, MA 02158	N/A	02-15-95	2,500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Homemaker	Aggregate Year-to-Date > \$2,500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George Krumholz 1430 S.E. Bayshore Dr., # 805 Miami, FL 33131	Krumholz Inc.	02-15-95	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Jeweler	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
Sol Schrelber 7001 S.W. 77th Pl. Miami, FL 33143	Barnett's Office Supplies	02-15-95	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Consultant	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
Herbert Katz 4000 Hollywood Blvd., # 710N Hollywood, FL 33021	Self	02-15-95	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Real Estate	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
Marvin Cooper 5000 N. Bay Road Miami, FL 33140	Self	02-15-95	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Motel Owner	Aggregate Year-to-Date > \$ 500	

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

6,275

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 6  
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
Michael Nachwalter 5920 S.W. 116 Street Miami, FL 33156	Self	01-04-95	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	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Franklin Kreutzer 3041 N.W. 7th St., Ste 100 Miami, FL 33125	Self	01-04-95	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Attorney	Aggregate Year-to-Date > \$ 300	
C. 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. 128 St. Miami, FL 33156	Silverman Insurance	02-15-95	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Sales	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
Ben Marke 19667 Turnberry Way Miami, FL 33180	N/A	02-15-95	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
Jonathan Kisiak 701 Brickell Ave., Ste 1400 Miami, FL 33131	Kislak Capital	02-15-95	1,000
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	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mayer Mitchell P.O. Box 16006 Mobile, AL 36616	Mitchell Bros., Inc.	02-17-95	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	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Barry Fishman 20803 Biscayne Blvd., Ste 300 Miami, FL 33180	Self	02-17-95 02-22-95	500 62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues & luncheons	Occupation Attorney	Aggregate Year-to-Date > \$ 562	

SUBTOTAL of Receipts This Page (optional)

3,112

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 6  
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
Michael Felshner One Grove Isle Dr., # 1702 Coconut Grove, FL 33133	Riverdale Farms	02-17-95	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		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Stoneberg 758 Lakeview Dr. Miami Beach, FL 33140	Self	02-22-95	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		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louise J. Allen 150 W. Flager, # 2200 Miami, FL 33130	Sterns & Weaver	03-03-95	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
Lynn Shusterman 2142 Forest Blvd. Tulsa, OK	N/A	02-22-95 05-08-95	500 500
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandy Wuliger 20 Bass Wood Lane Moreland Hills, OH 44022	N/A	02-23-95	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		
F. 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 Miami, FL 33243	Self	03-03-95	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
Leonard Abess, Jr. P.O. Box 025620 Miami, FL 33102	City National Bank of Florida	03-03-95	1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation: Banker 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**

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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
Karen Mintz Margulies 4040 N. Ocean Drive Hollywood, FL 33019	N/A	03-03-95	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Homemaker	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
Tony Blank 9350 S. Dixie Hwy, # 900 Miami, FL 33156	National Brands	04-24-95	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Vice President	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
Michael Kemper 70 Grand Avenue River Edge, NJ 07661	MWW Strategic Communications	05-12-95	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Public Relations	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
Brian Spector 201 S. Biscayne Blvd, #400 Miami, FL 33131	Kenny Nachwalter	06-02-95	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
Bob Levy 780 N.E. 69 St., # 1703 Miami, FL 33138	Self	06-28-95	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Public Relations	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
Micky Biss 2025 Brickell Ave., # 1403 Miami, FL 33129	Self	06-21-95 06-28-95	26 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues and luncheon	Occupation Real Estate	Aggregate Year-to-Date > \$ 526	
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) .....	1,776
TOTAL This Period (last page this line number only) .....	

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 5 OF 6  
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

<p>A. Full Name, Mailing Address and ZIP Code Fred Chekanow 6297 S.W. 102 Street Miami, FL 33156</p>	<p>Name of Employer Barnett Office Supply</p>	<p>Date (month, day, year) 03-17-95</p>	<p>Amount of Each Receipt this Period 500</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues</p>	<p>Occupation Executive Vice, Pres Aggregate Year-to-Date &gt; \$ 500</p>		
<p>B. Full Name, Mailing Address and ZIP Code Arthur Sandler 536 Redgate Ave. Norfolk, VA 23507</p>	<p>Name of Employer Self</p>	<p>Date (month, day, year) 03-17-95</p>	<p>Amount of Each Receipt this Period 500</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues</p>	<p>Occupation Real Estate Aggregate Year-to-Date &gt; \$ 500</p>		
<p>C. Full Name, Mailing Address and ZIP Code Sandford Miot 1 S.E. 3rd Ave., 15th FL Miami, FL 33131</p>	<p>Name of Employer Self</p>	<p>Date (month, day, year) 03-22-95 05-26-95</p>	<p>Amount of Each Receipt this Period 2,500 26</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues and luncheons</p>	<p>Occupation Real Estate Aggregate Year-to-Date &gt; \$2,526</p>		
<p>D. Full Name, Mailing Address and ZIP Code Bernard Cohn 1800 N.E. 114 St. # 1009 Miami, FL 33181</p>	<p>Name of Employer N/A</p>	<p>Date (month, day, year) 04-14-95</p>	<p>Amount of Each Receipt this Period 500</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues</p>	<p>Occupation Retired Aggregate Year-to-Date &gt; \$ 500</p>		
<p>E. Full Name, Mailing Address and ZIP Code Barry Stein 9100 S. Dadeland Blvd., # 1010 Miami, FL 33156</p>	<p>Name of Employer Self</p>	<p>Date (month, day, year) 04-21-95</p>	<p>Amount of Each Receipt this Period 1,000</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues</p>	<p>Occupation Attorney Aggregate Year-to-Date &gt; \$ 1,000</p>		
<p>F. Full Name, Mailing Address and ZIP Code H. Allen Benowitz 46 S.W. 1st St. Miami, FL 33130</p>	<p>Name of Employer Self</p>	<p>Date (month, day, year) 05-12-95 05-10-95</p>	<p>Amount of Each Receipt this Period 26 1,000</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues and luncheon</p>	<p>Occupation Video Conferencing Aggregate Year-to-Date &gt; \$ 1,026</p>		
<p>G. Full Name, Mailing Address and ZIP Code Morris Futernick 2 Grove Isle Dr., # 1509 Coconut Grove, FL 33133</p>	<p>Name of Employer Smith Terminal</p>	<p>Date (month, day, year) 05-10-95</p>	<p>Amount of Each Receipt this Period 500</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues</p>	<p>Occupation President Aggregate Year-to-Date &gt; \$ 500</p>		

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

6,552

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 6 OF 6  
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
Ian Kaplan One Palm Bay Tower, 15 South Miami, FL 33138	Transchemical	02-17-95 05-12-95	52 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues and luncheon	Occupation Vice-President	Aggregate Year-to-Date > \$ 1,052	
B. Full Name, Mailing Address and ZIP Code Kenneth Rosen 12400 S.W. 75 Ave. Miami, FL 33156	Self	05-26-95	350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Physician	Aggregate Year-to-Date > \$ 350	
C. Full Name, Mailing Address and ZIP Code Leonard Morrison 1425 W. 25th St. Miami Beach, FL 33140	Self	05-26-95	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Occupation Office Supply Dealer	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code Alan L. Weisberg 1401 Brickell Ave., # 800 Miami, FL 33131	Self	02-17-95 05-26-95	26 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues and luncheons	Occupation Attorney	05-12-95 06-21-95	26 26
E. Full Name, Mailing Address and ZIP Code Michael Jacobson 3650 No. 36th Ave., #39 Hollywood, FL 33021	American Bankers Ins	02-17-95 05-26-95	26 600
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues and luncheons	Occupation Computer Tech.	06-01-95 05-26-95	26 26
F. Full Name, Mailing Address and ZIP Code Susan Fried 1875 N.E. 197 Terr North Miami Bch, FL 33179	Self	06-01-95 06-09-95	25 500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues & luncheons	Occupation Public Relations	06-22-95	53
G. Full Name, Mailing Address and ZIP Code Cynthia I. Chiefa 201 S. Biscayne Blvd., # 880 Miami, FL 33131	Self	06-09-95 02-17-95	500 52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues and luncheons	Occupation Attorney	04-24-95 06-01-95	26 26
Aggregate Year-to-Date > \$ 604			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	4,340
<b>TOTAL</b> This Period (last page this line number only) .....	26,305

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**SCHEDULE A**

**ITEMIZED RECEIPTS**

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)

95034910375

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		01-01-95 through 06-30-95	\$ 5,511
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and luncheons	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) ..... \$ 5,511

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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<b>A. Full Name, Mailing Address and ZIP Code</b> Larry Smith for Congress 3511 N. 52nd Ave. Hollywood, FL 33021  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): dues	Name of Employer  Occupation  Aggregate Year-to-Date > \$ 500	Date (month, day, year) 05-26-95	Amount of Each Receipt this Period \$ 500
<b>B. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>C. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>D. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>E. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>F. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer  Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	500

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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)

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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 S. Biscayne Blvd., Ste. 880 Miami, FL 33131	Reimbursement of Administrative Expenses	01/21/95	\$1,000
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	02/17/95	1,000
	<input type="checkbox"/> Other (specify)	03/13/95	1,000
Mark R. Vogel, P.A. 201 S. Biscayne Blvd., Ste. 880 Miami, FL 33131	Reimbursement of Administrative Expenses	04/15/95	\$1,000
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	05/09/95	1,000
	<input type="checkbox"/> Other (specify)	06/10/95	1,000
Van Dee Mailing Service P.O. Box 1 Hollywood, FL 33022	Mailings, postage, printing	01/26/95	\$ 150
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	03/16/95	150
Van Dee Mailing Service P.O. Box 1 Hollywood, FL 33022	Mailings, postage, printing	04/21/95	\$ 8.80
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	05/17/95	150
	<input type="checkbox"/> Other (specify)	06/07/95	45.68
City Club 200 S. Biscayne Blvd., 26th Floor Miami, FL 33131	Member luncheons	03/24/95	\$ 464.01
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General	05/19/95	319.99
	<input type="checkbox"/> Other (specify)	06/19/95	528
Leadership Directories 104 Fifth Ave. New York, NY 10011	Subscription	05/19/95	\$ 223.35
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
Unitemized Disbursements Under \$200	Courier, subscriptions, postage, supplies, etc.	01/01/95 through 06/30/95	\$1,828.84
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		

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

\$9,868.75

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

(Rounded)

9,869

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 23

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 committees.

**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
Alan Wheat for Senate	US Senate Campaign YTD: \$ 250 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	01/04/95	\$ 250
Sen. Tom Harkin U.S. Senate 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) 1996 General	02/09/95	\$5,000
Dave McCurdy for Senate	US Senate Campaign YTD: \$ 250 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	03/17/95	\$ 250
Cong. Lee Hamilton U.S. House of Reps 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	03/23/95	\$1,000
Sen. Jim Inhofe U.S. Senate 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) 1996 General	04/21/95	\$5,000
Cong. Newt Gingrich U.S. House of Reps 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	05/11/95	\$1,000
Sen. Chuck Robb US Senate Washington, DC 20510	US Senate Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	05/30/95	\$1,000
Sen. Carl Levin U.S. Senate 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) 1996 General	06/01/95	\$5,000
	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) ..... \$18,500

**TOTAL** This Period (last page this line number only) ..... \$18,500

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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 7-29-95
<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

MRT

PREPARER

8-2-95

DATE PREPARED

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