

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
ADMINISTRATIVE SERVICES

JUL 12 11 45 AM '94

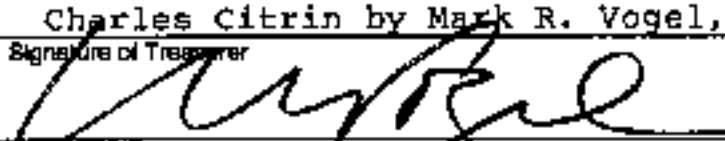
USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) <b>NATIONAL ACTION COMMITTEE</b>	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 201 South Biscayne Blvd., Ste. 880	2. FEC IDENTIFICATION NUMBER CO0147983
CITY, STATE and ZIP CODE Miami, FL 33131	3. <input checked="" type="checkbox"/> 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
5. Covering Period <u>04-01-94</u> through <u>06-30-94</u>		
6. (a) Cash on Hand January 1, 19____		\$ 24,693
(b) Cash on Hand at Beginning of Reporting Period	\$ 18,756	
(c) Total Receipts (from Line 19)	\$ 29,754	\$ 45,308
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 48,510	\$ 70,001
7. Total Disbursements (from Line 20)	\$ 27,961	\$ 49,452
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,549	\$ 20,549
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 800-424-8530 Local 202-218-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ N/A	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.		
Type or Print Name of Treasurer Charles Citrin by Mark R. Vogel, Chairman		
Signature of Treasurer 		Date 07/08/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

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94039064385

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

(revised 1/1/91)

NAME OF COMMITTEE NATIONAL ACTION COMMITTEE		REPORT COVERING PERIOD FROM 04/01/94 TO: 06/30/94	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		24,655	34,210
ii. Unitemized		4,991	10,337
iii. Total	(add i and ii) >	29,646	44,547
b. Political Party Committees		N/A	N/A
c. Other Political Committees (such as PACs)		N/A	550
d. Total Contributions	(add a ii, b and c) >	29,646	45,907
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	108	211
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) >	29,754	45,308
20. Total Federal Receipts	(subtract line 18 from line 19) >	29,954	45,308
<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		4,961	11,952
c. Total Operating Expenditures	(add a i, a ii, and b) >	4,961	11,952
22. Transfers to Affiliated/Other Party Committees		N/A	N/A
23. Contributions to Federal Candidates/Committees and Other Political Committees		23,000	37,500
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, 29d, and 29) >	27,961	49,452
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	27,961	49,452
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		29,646	45,907
33. Total Contribution Refunds (from line 29d)		N/A	N/A
34. Net Contributions (other than loans)(subtract line 33 from line 32)		29,646	45,907
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	4,961	11,952
36. Offsets to Operating Expenditures (from line 15)		N/A	N/A
37. Net Operating Expenditures	(subtract line 36 from line 35) >	4,961	11,952

9 4 0 3 9 0 6 4 3 8 6

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **1** OF **7**  
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)

94032064687

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Yarchin 100 S.E. 2nd Street Miami, FL 33131	Rosenthal & Yarchin	04-04-94	\$250
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 > \$ 250		
R. Christopher Morton 1500 Bay Road #1014 Miami Beach, FL 33139	Morton & Morton	04-04-94	\$200
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 > \$ 225		
Sid Sussman 727 N. Shore Drive Miami Beach, FL 33141	Florida Realty	04-04-94	\$250
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 > \$ 250		
Brian Spector 201 S. Biscayne Blvd. Ste 400 Miami, FL 33131	Denny Nachwater, et al.	04-04-94	\$250
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 > \$ 250		
Bernard Cohn 2900 Bay Road Miami Beach, FL 33140	N/A	04-04-94	\$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		
Barbara Black 1000 Island Blvd. #709 Miami, FL 33150	Barbara Scott Gallery	04-06-94	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>	Occupation <b>Art Dealer</b> Aggregate Year-to-Date > \$ 250		
Howard Kaplan 1 Palm Bay Tower #19, North Miami, FL 33138	Trans Chemical	04-06-94	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): <b>Dues</b>	Occupation <b>Executive Vice-President</b> Aggregate Year-to-Date > \$ 250		

**SUBTOTAL** of Receipts This Page (optional) ..... \$1950

**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 7  
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
Sol Schreiber 7001 SW 77 Place Miami, Fl 33134	Barnett's Office Supplies	04-06-94	\$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		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ian Kaplan 555 N.E. 34 Street #2005 Miami, Fl 33137	Trans-Chemical	04-06-94 04-11-94	\$1,000 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Luncheons	Occupation: Executive Vice-President Aggregate Year-to-Date > \$ 1,025		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Felsher One Grove Isle Dr. #1702 Coconut Grove, FL 33133	Riverdale Farms	04-06-94	\$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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Kislak 7900 Miami Lakes Dr. West Miami Lakes, FL 33016	Kislak Mortgage	04-08-94	\$1,200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation: Mortgage Banker Aggregate Year-to-Date > \$ 1,200		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee Spiegelman 6644 Windsor Lane Miami Beach, Fl 33141	Self	04-13-94	\$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Lunchwons	Occupation: Mortgage Broker 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
Barry Goldmeier 1840 Coral Way, Ste 201 Miami, FL 33145	Self	04-13-94 04-13-94	\$500 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Luncheons	Occupation: Real Estate Aggregate Year-to-Date > \$ 525		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathan Kislak 701 Brickell Ave., Ste 400 Miami, Fl 33131	Kislak Capital	04-13-94	\$2,500
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		

**SUBTOTAL of Receipts This Page (optional)** ..... \$6,250

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

94039064388

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Line separate schedules for each category of the Detailed Summary Page

PAGE 3 OF 7  
FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (in Full)**

National Action Committee (NACPAC)

94039064089

A. Full Name, Mailing Address and ZIP Code Ettie Paul 3801 So. Ocean Dr. #10-Z Miami Beach, FL 33019	Name of Employer Self  Occupation Management Consultant Aggregate Year-to-Date > \$ 375	Date (month, day, year) 04-15-94	Amount of Each Receipt this Period \$350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Sigmund Zilber 1995 N.E. 142 Street Miami, FL 33181	Name of Employer Metro Limo  Occupation Owner Aggregate Year-to-Date > \$1,250	Date (month, day, year) 04-15-94	Amount of Each Receipt this Period \$1,250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Rabbi Barry Tabachikoff 9400 S.W. 87 Avenue Miami, FL 33176	Name of Employer Congregation Bet Breira  Occupation Rabbi Aggregate Year-to-Date > \$ 500	Date (month, day, year) 04-18-94	Amount of Each Receipt this Period \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Barry Burak 8000 S.W. 67 Avenue Miami, FL 33143	Name of Employer Self  Occupation Doctor Aggregate Year-to-Date > \$ 250	Date (month, day, year) 04-18-94	Amount of Each Receipt this Period \$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Lawrence Hellring 2000 So. Bayshore Dr. #19 Miami, FL 33133	Name of Employer Superior Windows  Occupation Owner Aggregate Year-to-Date > \$500	Date (month, day, year) 04-22-94	Amount of Each Receipt this Period \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Robert Levy 10350 W. Bay Harbour Dr. #65 Bay Harbour, FL 33154	Name of Employer Self  Occupation Publicist Aggregate Year-to-Date > \$ 250	Date (month, day, year) 04-22-94	Amount of Each Receipt this Period \$250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Steven Becker 4401 Sanders Street Hollywood, FL 33021	Name of Employer Southern Wine and Spirits  Occupation Executive Vice-President Aggregate Year-to-Date > \$525	Date (month, day, year) 04-25-94	Amount of Each Receipt this Period \$500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

**SUBTOTAL** of Receipts This Page (optional) ..... \$3,600

**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

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

<p>A. Full Name, Mailing Address and ZIP Code Jeff Levine 7860 Camino Real #L-414 Miami, FL 33143</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues</p>	<p>Name of Employer Reserve Financial</p> <p>Occupation Investment Banker</p> <p>Aggregate Year-to-Date &gt; \$325</p>	<p>Date (month, day, year) 04-25-94</p>	<p>Amount of Each Receipt this Period \$300</p>
<p>B. Full Name, Mailing Address and ZIP Code Steve Messing One Biscayne Tower, Ste 2800 Miami, FL 33131</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Luncheons</p>	<p>Name of Employer KPMG Peat Marwick</p> <p>Occupation CPA</p> <p>Aggregate Year-to-Date &gt; \$ 275</p>	<p>Date (month, day, year) 04-11-94 04-29-94</p>	<p>Amount of Each Receipt this Period \$25 250</p>
<p>C. Full Name, Mailing Address and ZIP Code Benedict Kuehne 601 Brickell Key Dr. #500 Miami, FL 33131</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues</p>	<p>Name of Employer Sale &amp; Kuehne</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 04-29-94</p>	<p>Amount of Each Receipt this Period \$500</p>
<p>D. Full Name, Mailing Address and ZIP Code Ronald Lowy 5616 La Gorce Dr. Miami Beach, FL 33140</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 525</p>	<p>Date (month, day, year) 05-04-94</p>	<p>Amount of Each Receipt this Period \$525</p>
<p>E. Full Name, Mailing Address and ZIP Code Barbara Feingold 2353 N.E. 212 Terr No. Miami Beach, FL 33179</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues</p>	<p>Name of Employer Dentaland Centers</p> <p>Occupation office Manager</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 05-04-94</p>	<p>Amount of Each Receipt this Period \$500</p>
<p>F. Full Name, Mailing Address and ZIP Code H. Allen Benowitz 46 S.W. 1st Street Miami, FL 33130</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues</p>	<p>Name of Employer Self</p> <p>Occupation Video Conferencing</p> <p>Aggregate Year-to-Date &gt; \$ 525</p>	<p>Date (month, day, year) 05-09-94</p>	<p>Amount of Each Receipt this Period \$500</p>
<p>G. Full Name, Mailing Address and ZIP Code Marsha Madorsky 2665 So. Bayshore Dr. Ste 603 Miami, FL 33133</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date &gt; \$ 500</p>	<p>Date (month, day, year) 05-09-94</p>	<p>Amount of Each Receipt this Period \$500</p>

SUBTOTAL of Receipts This Page (optional) ..... \$3,100

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

94039064390

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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PAGE 5 OF 7  
FOR LINE NUMBER 11(a)(1)

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**NAME OF COMMITTEE (In Full)**

National Action Committee (NACPAC)

9  
4  
0  
3  
9  
0  
6  
4  
3  
9  
1

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Chiefa 201 So. Biscayne Blvd. #880 Miami, FL 33131	Self	05-09-94 04-11-94	\$500 25
	Occupation Attorney	Aggregate Year-to-Date > \$ 575	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Luncheons			
B. Full Name, Mailing Address and ZIP Code Franklin Kreutzer 3041 N.W. 7 Street #100 Miami, FL 33125	Self	05-16-94	\$750
	Occupation Attorney	Aggregate Year-to-Date > \$ 750	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
C. Full Name, Mailing Address and ZIP Code Sidney Pertnoy 13003 S.W. 104 St. Miami, FL 33176	Wallace, Engels, et al.	05-20-94	\$500
	Occupation Attorney	Aggregate Year-to-Date > \$ 500	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
D. Full Name, Mailing Address and ZIP Code Ken S. Hoffman 799 Brickell Plaza #702 Miami, FL 33131	Self	05-20-94	\$250
	Occupation Attorney	Aggregate Year-to-Date > \$250	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
E. Full Name, Mailing Address and ZIP Code Mayer Mitchell P.O. Box 16006 Mobile, AL 36616	Mitchell Bros. Inc.	05-25-94	\$500
	Occupation President	Aggregate Year-to-Date > \$ 500	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
F. Full Name, Mailing Address and ZIP Code Karen Mintz Margulies 4040 No. Ocean Dr. Hollywood, FL 33019	N/A	06-01-94	\$250
	Occupation Homemaker	Aggregate Year-to-Date > \$ 250	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues			
G. Full Name, Mailing Address and ZIP Code Mark Vogel 201 So. Biscayne Blvd. #880 Miami, FL 33131	Self	04-11-94 06-03-94 06-22-94	\$25 1,000 30
	Occupation Attorney	Aggregate Year-to-Date > \$1,105	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and luncheons			

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

3,830

**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 7  
FOR LINE NUMBER 11(a)(i)

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

9  
4  
0  
3  
9  
0  
6  
4  
3  
9  
2

<b>A. Full Name, Mailing Address and ZIP Code</b> Louis Morgan 1 Northfield plaza # 330 Northfield, IL 60093	Name of Employer Self	Date (month, day, year) 06-03-94	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 Investor	Aggregate Year-to-Date > \$ 250	
<b>B. Full Name, Mailing Address and ZIP Code</b> Micky Bies 2025 Brickell Ave. #1403 Miami, FL 33129	Name of Employer Self	Date (month, day, year) 06-03-94	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 Real Estate	Aggregate Year-to-Date > \$ 250	
<b>C. Full Name, Mailing Address and ZIP Code</b> Robert Frehling 421 E. San Marino Miami Beach, FL 33139	Name of Employer Nessa Gaulouis	Date (month, day, year) 06-10-94	Amount of Each Receipt this Period \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Retailer	Aggregate Year-to-Date > \$ 200	
<b>D. Full Name, Mailing Address and ZIP Code</b> Leonard Abess, JR P.O. Box 025620 Miami, FL 33102-5620	Name of Employer City National Bank of Florida	Date (month, day, year) 06-10-94	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 President	Aggregate Year-to-Date > \$ 1,000	
<b>E. Full Name, Mailing Address and ZIP Code</b> Barry Kutun 2012 Fisher Island Dr. Fisher Island, FL 33109	Name of Employer First Boston Corporation	Date (month, day, year) 06-10-94	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 Attorney	Aggregate Year-to-Date > \$ 500	
<b>F. Full Name, Mailing Address and ZIP Code</b> Charlotte Chester 2950 Alton Road Miami Beach, FL 33140	Name of Employer Self	Date (month, day, year) 06-15-94 04-11-94	Amount of Each Receipt this Period \$500 25
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and luncheons	Occupation Real Estate	Aggregate Year-to-Date > \$ 575	
<b>G. Full Name, Mailing Address and ZIP Code</b> Gloria Friedman 7610 S.W. 133 St. Miami, FL 33156	Name of Employer N/A	Date (month, day, year) 06-20-94	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 Retired	Aggregate Year-to-Date > \$ 1,000	

**SUBTOTAL of Receipts This Page (optional)** ..... **\$3,725**

**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 7  
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 committees.

NAME OF COMMITTEE (in Full)  
National Action Committee (NACPA)

94039064893

A. Full Name, Mailing Address and ZIP Code Barry Stein 9100 S. Dadeland Blvd. #1010 Miami, FL 33156	Name of Employer Self	Date (month, day, year) 06-22-94	Amount of Each Receipt this Period \$750
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney Aggregate Year-to-Date > \$1,350		
B. Full Name, Mailing Address and ZIP Code Herbert Katz 4500 Lincoln St. Hollywood, FL 33021	Name of Employer N/A	Date (month, day, year) 06-27-94	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 Retired Aggregate Year-to-Date > \$1,000		
C. Full Name, Mailing Address and ZIP Code Robert Maland 6501 S.W. 100 St. Miami, FL 33156	Name of Employer Self	Date (month, day, year) 06-27-94	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 Attorney Aggregate Year-to-Date > \$250		
D. Full Name, Mailing Address and ZIP Code Michael Weiss 5874 N.W. 23 Terr. Boca Raton, FL 33496	Name of Employer Weiss & Hernandez	Date (month, day, year) 04-22-94	Amount of Each Receipt this Period \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues	Occupation Attorney Aggregate Year-to-Date > \$200		
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) ..... 2,200

TOTAL This Period (last page this line number only) ..... \$24,655

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)(11)

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NAME OF COMMITTEE (In Full)

National Action Committee (NACPAC)

94059064394

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Unitemized Receipts under \$200	N/A	04-01-94 through 06-30-94	\$4,980.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Dues and Luncheons	Occupation: N/A	Aggregate Year-to-Date: \$ 10,337	
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) ..... 4,980.86

TOTAL This Period (last page this line number only) ..... Rounded 4,981

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)

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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
City Club of Miami 200 S. Biscayne Blvd., 26 Fl Miami, FL 33131	Member Luncheons	04-13-94	\$690
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-27-94	301.64
B. Full Name, Mailing Address and ZIP Code Juan B. Cabrera P.O. Box 113131 Miami, FL 33111	Photographs	04-08-94	\$125
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	04-27-94	184
C. Full Name, Mailing Address and ZIP Code Bee Wise Publications 15050 N.E. 20th Ave. No. Miami, FL 33181	Printing	04-27-94	\$643.73
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
D. Full Name, Mailing Address and ZIP Code Van Dee Mailing Service P.O. Box One Hollywood, FL 33022	Mailing and Postage	04-04-94	\$ 55.21
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-01-94 06-22-94	150.00 47.08
E. Full Name, Mailing Address and ZIP Code Mark R. Vogel, P.A 201 S. Biscayne Blvd., #880 Miami, FL 33131	Reimbursement of Administrative Exp.	04-29-94	\$1,000
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06-06-94	1,000
F. Full Name, Mailing Address and ZIP Code Unitemized Disbursements under \$200	Courier, secretarial, subscriptions	04-01-94 through 06-30-94	\$764.05
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. 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)		
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)		

SUBTOTAL of Disbursements This Page (optional) ..... 4,960.91

TOTAL This Period (last page this line number only) ..... Rounded \$4,961

94039064395

**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	Date (month, day, year)	Amount of Each Disbursement This Page
Sen. Charles Robb U.S. Senate Washington, D.C. 20510	U.S. Senate Campaign YTD: \$5,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994 Primary	04-06-94	\$5,000
Cong. Harry Johnston U.S. House of Representatives Washington, D.C. 20515	U.S. House of Reps. Campaign YTD: 1,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994 Primary	04-13-94	\$1,000
Cong. Martin Frost U.S. House of Reps. Washington, D.C. 20515	US House of Reps. Campaign YTD: \$2,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 1994 General	04-27-94	\$2,000
Cong. Newt Gingrich U.S. House of Reps. Washington, D.C. 20515	US House of Reps. Campaign YTD: \$2,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994 Primary	05-11-94	\$2,000
Cong. Alcee Hastings U.S. House of Reps. Washington, D.C. 20515	US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994 Primary	05-13-94	\$1,000
Sen. John Glenn U.S. Senate Washington, D.C. 20510	US Presidential Primary Campaign YTD: \$1,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1984 Primary	05-19-94	\$1,000
Cong. Vic Fazio U.S. House of Reps. Washington, D.C. 20515	US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994 Primary	05-23-94	\$1,000
Bill Wheeler Route 1, Box 562 Belmont, MS 38827	US House of Reps. Campaign YTD: \$250 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994 Primary	05-23-94	\$250
Bobbie Coray P.O. Box 1135 Layton, UT 84041	US House of Reps. Campaign YTD: \$500 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 1994 Primary	05-25-94	\$500

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

13,750

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

94059064896

**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
Senate Victory Committee c/o DSCC 430 S. Capitol St., S.E. Washington, D.C. 20023	U.S. Senate Campaigns YTD: \$1,000 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary	06-15-94	\$1,000
B. Full Name, Mailing Address and ZIP Code Cong. Corrine Brown U.S. House of Reps. Washington, D.C. 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$ 500 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary	06-16-94	\$500
C. Full Name, Mailing Address and ZIP Code Joel Hyatt 236 Massachusetts Ave., NE #202 Washington, D.C. 20002	Purpose of Disbursement U.S. Senate Campaign YTD: \$5,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	06-20-94	\$5,000
D. Full Name, Mailing Address and ZIP Code Cong. Esteban Torres U.S. House of Reps. Washington, D.C. 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$1,000 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 General	06-20-94	\$1,000
E. Full Name, Mailing Address and ZIP Code Cong. Peter Blute U.S. House of Reps. Washington, D.C. 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$500 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary	06-21-94	\$500
F. Full Name, Mailing Address and ZIP Code Cong. Peter Torkildsen U.S. House of Reps. Washington, D.C. 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$ 500 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary	06-23-94	\$500
G. Full Name, Mailing Address and ZIP Code Cong. Dick Swett U.S. House of Reps. Washington, D.C. 20515	Purpose of Disbursement US House of Reps. Campaign YTD: \$500 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary	06-23-94	\$500
H. Full Name, Mailing Address and ZIP Code Robert Connors P.O. Box 89 Lake Wales, FL 33859	Purpose of Disbursement US House of Reps. Campaign YTD: \$250 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1994 Primary	06-30-94	\$250
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)		

**SUBTOTAL of Disbursements This Page (optional)** ..... 9,250

**TOTAL This Period (last page this line number only)** ..... 23,000

94039064397

**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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

7-8-94

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMN  
PREPARER

7-12-94  
DATE PREPARED

94039064898