

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Dec 5 11 00 AM '96

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) National Court Reporters Association Political Action Committee		2. FEC IDENTIFICATION NUMBER C00146506
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 8224 Old Courthouse Road		
CITY, STATE and ZIP CODE Vienna, VA 22182		
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:
 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>Oct. 1, 1996</u> through <u>Nov. 25, 1996</u>		
6. (a) Cash on Hand January 1, 1996		\$ 80,384.19
(b) Cash on Hand at Beginning of Reporting Period	\$ 61,408.43	
(c) Total Receipts (from Line 19)	\$ 8,240.96	\$ 14,496.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 69,649.39	\$ 94,880.67
7. Total Disbursements (from Line 30)	\$ 3.00	\$ 25,234.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 69,646.39	\$ 69,646.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20468 Tel Fms 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	
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 Brian E. Cartier, CAB	Date 12/5/96
Signature of Treasurer <i>Brian E. Cartier</i>	

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 1/1/83)

NAME OF COMMITTEE National Court Reporters Association Political Action Committee		REPORT COVERING PERIOD FROM 10/01/96 TO 11/25/96		
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11. Contributions (other than loans) From:				
a. Individual/Persons Other Than Political Committees				
i. Itemized (use Schedule A)		1,000.00	2,000.00	11(a)(i)
ii. Unitemized		7,080.00	10,385.72	11(a)(ii)
iii. Total	(add i and ii) >	8,080.00	12,385.72	11(a)(iii)
b. Political Party Committees				11(b)
c. Other Political Committees (such as PACs)				11(c)
d. Total Contributions	(add a ii, b and c) >	8,080.00	12,385.72	11(d)
12. Transfers From Affiliated/Other Party Committees				12
13. All Loans Received				13
14. Loan Repayments Received				14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	36.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees				16
17. Other Federal Receipts (Dividends, Interest, etc.)		160.96	2,074.76	17
18. Transfers from Nonfederal Account for Joint Activity				18
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,240.96	14,496.48	19
20. Total Federal Receipts	(subtract line 18 from line 19) >	8,240.96	14,496.48	20
II. Disbursements				
21. Operating Expenditures:				
a. Shared Federal/Non-Federal Activity (from Schedule H4)				
i. Federal Share				21(a)(i)
ii. Non-Federal Share				21(a)(ii)
b. Other Federal Operating Expenditures		3.00	209.28	21(b)
c. Total Operating Expenditures	(add a i, ii, and b) >	3.00	209.28	21(c)
22. Transfers to Affiliated/Other Party Committees				22
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	25,000.00	23
24. Independent Expenditures (use Schedule E)				24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)				25
26. Loan Repayments Made				26
27. Loans Made				27
28. Refunds of Contributions To:				
a. Individual/Persons Other Than Political Committees		-0-	25.00	28(a)
b. Political Party Committees				28(b)
c. Other Political Committees (such as PACs)				28(c)
d. Total Contribution Refunds	(add a, b and c) >	-0-	25.00	28(d)
29. Other Disbursements				29
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	3.00	25,234.28	30
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	3.00	25,234.28	31
III. Net Contributions/Operating Expenditures				
32. Total Contributions (other than loans)(from line 11d)		8,080.00	12,385.72	32
33. Total Contribution Refunds (from line 28d)		-0-	25.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)		8,080.00	12,360.72	34
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) >	3.00	209.28	35
36. Offsets to Operating Expenditures (from line 15)				36
37. Net Operating Expenditures	(subtract line 36 from 35) >	3.00	209.28	37

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 Court Reporters Association
Political Action Committee

A. Full Name, Mailing Address and ZIP Code Alan Brock 99A Appleton St. Boston, MA 02116-6109	Name of Employer Fritz & Sheehan Assoc.	Date (month, day, year) 11/12/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code Carol L. Davis 7715 Westview Houston, TX 77055-5099	Name of Employer Carol Davis Reporting	Date (month, day, year) 10/23/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code J. Edward Varallo 46 Hill St. Medway, MA 02053	Name of Employer Fritz & Sheehan Assoc.	Date (month, day, year) 11/12/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code Jan Girouard 1910 Effie Circle Port Neches, TX 77651-3402	Name of Employer Jan Girouard & Assoc.	Date (month, day, year) 11/12/96	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" 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)	1,000.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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 Court Reporters Association
Political Action Committee

<p>A. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Ave., NW Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Interest Income</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year) 10/31/96</p>	<p>Amount of Each Receipt this Period 160.96</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>.....</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>160.96</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE	OF
1	1
FOR LINE NUMBER	
21	

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NAME OF COMMITTEE (in Full)
 National Court Reporters Association
 Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Crestar Bank 1445 New York Ave. Washington, DC 20005	Bank Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/96	3.00
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)

TOTAL This Period (last page this line number only)

3.00

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

12-5-96

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

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and Registration

DATE OF RECEIPT

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Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMU
PREPARER

12-5-96
DATE PREPARED