

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
REPORTS ANALYSIS
DIVISION

APR 17 11 20 AM '96
HAND DELIVERED

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
National Court Reporters Association
Political Action Committee

ADDRESS (number and street) Check if different than previously reported
8224 Old Courthouse Rd.

CITY, STATE and ZIP CODE
Vienna, VA 22182

2. FEC IDENTIFICATION NUMBER
C00146506

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

950303030979

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	07/1/95 through 12/31/95		
6. (a)	Cash on Hand January 1, 1995		\$ 74,272.95
(b)	Cash on Hand at Beginning of Reporting Period	\$ 74,184.53	
(c)	Total Receipts (from Line 1B)	\$ 27,305.76	\$ 31,437.92
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 101,490.29	\$ 105,710.87
7.	Total Disbursements (from Line 3D)	\$ 21,106.10	\$ 25,326.68
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 80,384.19	\$ 80,384.19
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 20463 Toll Free 800-424-9630 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, CAR

Signature of Treasurer
Brian E. Cartier

Date
4/16/96

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

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FEC FORM 3X
(revised 9/83)

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

(revised 1/1/91)

NAME OF COMMITTEE National Court Reporters Association Political Action Committee		REPORT COVERING PERIOD FROM 07/10/95 TO 12/31/95	
		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)	3,200.00	3,450.00	11(a)(i)
ii. Unitemized	22,900.00	25,595.00	11(a)(ii)
iii. Total (add i and ii) >	26,100.00	29,045.00	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) >	26,100.00	29,045.00	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.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	1,205.76	2,392.92	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	27,305.76	31,437.92	19
20. Total Federal Receipts (subtract line 18 from line 19) >	27,305.76	31,437.92	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	11,606.10	12,326.68	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	11,606.10	12,326.68	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	9,500.00	13,000.00	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			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) >			28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	21,106.10	25,326.68	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	21,106.10	25,326.68	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	26,100.00	29,045.00	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	26,100.00	29,045.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) >			37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
FOR LINE NUMBER 11

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NAME OF COMMITTEE (In Full)

National Court Reporters Association
Political Action Committee

9 5 0 3 0 3 0 3 1

A. Full Name, Mailing Address and ZIP Code Robert Ackerman 1 Troy Ct. East Brunswick, NJ 08816	Name of Employer Krauss, Katz & Ackerman	Date (month, day, year) 12/01/95	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 Court Reporter Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Alan Brock 99 A Appleton St. Boston, MA 02116	Name of Employer Fritz & Sheehan Assoc.	Date (month, day, year) 9/13/95	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Court Reporter Aggregate Year-to-Date > \$ 100.00		
C. Full Name, Mailing Address and ZIP Code Alan Brock 99 A Appleton St. Boston, MA 02116-6109	Name of Employer Fritz & Sheehan Assoc.	Date (month, day, year) 11/7/95	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 Court Reporter Aggregate Year-to-Date > \$ 350.00		
D. Full Name, Mailing Address and ZIP Code Rosemary Flores 16899 Windmill San Antonio, TX 78216-6474	Name of Employer Federal Court Reporters	Date (month, day, year) 9/12/95	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 Court Reporter Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Marjorie Forman 142 Sandpiper Circle Corte Madera, CA 94925	Name of Employer Self Employed	Date (month, day, year) 9/22/95	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 Court Reporter Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code J. Bryan Fritz 295 Devonshire St. Boston, MA 02110-1205	Name of Employer Fritz & Sheehan Assoc.	Date (month, day, year) 9/20/95	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Court Reporter Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Ellen Corbett Hannum P. O. Box 25085 Wilmington DE 19899	Name of Employer Corbett & Assoc.	Date (month, day, year) 9/26/95	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 Court Reporter Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) 1,850.00

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 2
FOR LINE NUMBER 13

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

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A. Full Name, Mailing Address and ZIP Code Janet M. Moxham 2029 Vista Del Sol Chino Hills, CA 9109-5061 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Los Angeles County Occupation Court Reporter Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/18/95	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and ZIP Code Robert V. Seijas 625 Fair Oaks Ave., #245 South Pasadena, CA 91030 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Seijas Court Reporters, Inc. Occupation Court Reporter Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/19/95	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Frank Tayloe 1693 Doy Cove Dr. Virginia Beach, VA 23454 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Tayloe Associates, Inc. Occupation Court Reporter Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/12/95	Amount of Each Receipt this Period 250.00
D. Full Name, Mailing Address and ZIP Code J. Edward Varallo 46 Hill St. Medway, MA 02053 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fritz & Sheehan Assoc. Occupation Court Reporter Aggregate Year-to-Date > \$ 150.00	Date (month, day, year) 10/02/95	Amount of Each Receipt this Period 150.00
E. Full Name, Mailing Address and ZIP Code J. Edward Varallo 46 Hill St. Medway, MA 02053 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fritz & Sheehan Assoc. Occupation Court Reporter Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 10/19/95	Amount of Each Receipt this Period 100.00
F. Full Name, Mailing Address and ZIP Code Seymour L. Wolfe 1555 N. Astor St. Chicago, IL 60610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wolfe, Rosenberg & Assoc. Occupation Court Reporter Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/13/95	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Seymour L. Wolfe 1555 N. Astor St. Chicago, IL 60610 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Wolfe, Rosenberg & Assoc. Occupation Court Reporter Aggregate Year-to-Date > \$ 350.00	Date (month, day, year) 10/19/95	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)	1,350.00
TOTAL This Period (last page this line number only)	3,200.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Ave., NW Washington, DC 20005-2108</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) 7/31/95</p>	<p>Amount of Each Receipt this Period 204.56</p>
<p>B. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Ave., NW Washington, DC 20005-2108</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) 8/31/95</p>	<p>Amount of Each Receipt this Period 196.07</p>
<p>C. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Ave., NW Washington, DC 20005-2108</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) 9/30/95</p>	<p>Amount of Each Receipt this Period 178.04</p>
<p>D. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Ave., NW Washington, DC 20005-2108</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) 10/31/95</p>	<p>Amount of Each Receipt this Period 213.05</p>
<p>E. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Ave., NW Washington, DC 20005-2108</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) 11/30/95</p>	<p>Amount of Each Receipt this Period 202.61</p>
<p>F. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Ave., NW Washington, DC 20005-2108</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) 12/31/95</p>	<p>Amount of Each Receipt this Period 211.43</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>

SUBTOTAL of Receipts This Page (optional) 1,205.76

TOTAL This Period (last page this line number only) 1,205.76

940304309023

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
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
Internal REvenue Service Philadelphia, PA 19255	Late Fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/17/95	63.95
B. Full Name, Mailing Address and ZIP Code Masterprint 8401 Terminal Road P. O. Box 1467 Newington, VA 22122-1467	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/28/95	Amount of Each Disbursement This Period 894.52
C. Full Name, Mailing Address and ZIP Code American Automated Mailing 9102 Industry Dr., Unit B Manassas Park, VA 22111	Purpose of Disbursement Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/18/95	Amount of Each Disbursement This Period 6,158.91
D. Full Name, Mailing Address and ZIP Code United States Postmaster Vienna, VA 22180	Purpose of Disbursement Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/18/95	Amount of Each Disbursement This Period 160.00
E. Full Name, Mailing Address and ZIP Code Publication Technology 11212 Waples Mill Rd., #103 Fairfax, VA 22030	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/18/95	Amount of Each Disbursement This Period 13.00
F. Full Name, Mailing Address and ZIP Code Masterprint 8401 Terminal Road P. O. Box 1467 Newington, VA 22122-1467	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/18/95	Amount of Each Disbursement This Period 724.19
G. Full Name, Mailing Address and ZIP Code G. M. Printing 225 Mill St., NE Vienna, VA 22180	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/18/95	Amount of Each Disbursement This Period 621.78
H. Full Name, Mailing Address and ZIP Code American Automated Mailing 9102 Industry Dr., Unit B Manassas Park, VA 22111	Purpose of Disbursement Mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/22/95	Amount of Each Disbursement This Period 2,157.00
I. Full Name, Mailing Address and ZIP Code Crestar Bank 1445 New York Ave., NW Washington, DC 20005	Purpose of Disbursement Bank Service CHarge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/30/95	Amount of Each Disbursement This Period 6.75

SUBTOTAL of Disbursements This Page (optional)

10,800.10

TOTAL This Period (last page this line number only)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
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., NW Washington, DC 20005	Bank Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/95	6.00
B. Full Name, Mailing Address and ZIP Code Gelman, Rosenberg, Freedman Suite 400 4800 Hampden Lane Bethesda, MD 20814	Purpose of Disbursement Federal Income Tax Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/18/95	800.00
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) 806.00

TOTAL This Period (last page this line number only) 11,606.10

240303095

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 Court Reporters Association
Political Action Committee

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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
The Capitol Committee Sen. Orin Hatch SR-135 Senate Office Bldg Washington, DC 20510-4402	contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/17/95	1,000.00
B. Full Name, Mailing Address and ZIP Code Eoble for Congress P. O. Box 1177 Greensboro, NC 27402-1177	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/28/95	500.00
C. Full Name, Mailing Address and ZIP Code Citizens for Harkin P. O. Box 811 Des Moines, IA	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/18/95	500.00
D. Full Name, Mailing Address and ZIP Code Friends of Larry Pressler P. O. Box 77166 Washington, DC 20013	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Major Owens P. O. Box 2265 Brooklyn, NY 11202	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00
F. Full Name, Mailing Address and ZIP Code H. Fawell for Congress P. O. Box 3896 Naperville, IL 60567	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00
G. Full Name, Mailing Address and ZIP Code Andrews for Congress 20 Brace Rd., Suite 200 Cherry Hill, NJ 08034	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00
H. Full Name, Mailing Address and ZIP Code Barrett Committee P. O. Box 176 Grand Island, NE 68802	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00
I. Full Name, Mailing Address and ZIP Code J. Christensen for Congress P. O. Box 540621 Omaha, NE 68154	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00

GUSTOTAL of Disbursements This Page (optional)

5,500.00

TOTAL 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 Court Reporters Association
Political Action Committee

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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
C. Ballenger for Congress 361 10th Ave., Dr. NE P. O. Box 2552 Hickory, NC 28601	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00
B. Full Name, Mailing Address and ZIP Code Friends of John Boehner 7908 Cincinnati -Dayton Rd. West Chester, OH 45069	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00
C. Full Name, Mailing Address and ZIP Code Citizens for Cochran P. O. Box 22761 Jackson, MS 39225	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00
D. Full Name, Mailing Address and ZIP Code Helms for Senate 333 Fayetteville St. Mall Suite #305 Raleigh, NC 27602	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00
E. Full Name, Mailing Address and ZIP Code D. Coats for Indiana One American Square Suite 200 Indianapolis, IN 46282	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/95	500.00
F. Full Name, Mailing Address and ZIP Code Grassley Committee 4010 Franconia Rd. Alexandria, VA 22310-2136	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/95	1,000.00
G. Full Name, Mailing Address and ZIP Code The Reed Committee P. O. Box 8628 Cranston, RI 02920	Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/31/95	500.00
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 Disbursement(s) This Page (optional) 4,000.00

TOTAL This Period (last page this line number only) 9,500.00



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Brian E. Cartier, Treasurer
National Court Reporters
Association Political Action
Committee
8224 Old Courthouse Road
Vienna, VA 22182

Identification Number: C00146506

Reference: Year End Report (7/1/95-12/31/95)

Dear Mr. Cartier:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-You must make an attempt to obtain the full name, mailing address, occupation and name of employer for all individuals who contribute more than \$200 in a calendar year. Please amend your report to include the omitted information.

A committee may demonstrate "best efforts" to obtain the required information by providing the Commission with a description of its procedures for requesting the information and may also supply a copy of a solicitation; the committee must request the contributor information in initial solicitations; make follow-up requests (if necessary); report the information; and file amendments to disclose previously unreported information. Each solicitation must include a clear and conspicuous request for the information. If a committee receives a contribution that exceeds the \$200 threshold but lacks contributor information, the committee must, within 30 days, make an additional written or oral request for the information. Please note that a written request may not include an additional solicitation or material on any other subject, other than thanking the contributor for the donation and must include a pre-addressed return post card or envelope for the contributor's response. An oral request must be documented in writing. Committees must also disclose information that was not provided by the contributor,

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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.

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PREPARER

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