

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
National Action Committee (NACPAC)

ADDRESS (number and street) 3389 Sheridan St.  
#424  
 Check if different than previously reported. (ACC)  
Hollywood FL 33021

2. **FEC IDENTIFICATION NUMBER** C00147983  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 28 2006 through 12 31 2006

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 Mark Vogel

Signature of Treasurer Electronically Filed by Mark Vogel Date 01 11 2007

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Action Committee (NACPAC)

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		34161.00
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	20410.00									
(c) Total Receipts (from Line 19) .....	12465.00	163374.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	32875.00	197535.00								
7. Total Disbursements (from Line 31) .....	4500.00	169160.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	28375.00	28375.00								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
National Action Committee (NACPAC)

Report Covering the Period: From: 

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	11650.00	150400.00
(i) Itemized (use Schedule A) .....	270.00	9559.00
(ii) Unitemized .....	11920.00	159959.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	500.00	3000.00
(c) Other Political Committees (such as PACs) .....	12420.00	162959.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	45.00	415.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	12465.00	163374.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	12465.00	163374.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3500.00	40660.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3500.00	40660.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	128500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4500.00	169160.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4500.00	169160.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	12420.00	162959.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12420.00	162959.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3500.00	40660.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3500.00	40660.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 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 committee.

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

Full Name (Last, First, Middle Initial) <b>A. Geoffrey Aaronson</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 3 / 2 0 0 6	
Mailing Address 2601 So. Bayshore Dr., #1600		Transaction ID: SA11A1.6461	
City State Zip Code Miami FL 33133	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Dues		
Name of Employer Occupation Adorno & Yoss Attorney	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. James Cassel</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 6 / 2 0 0 6	
Mailing Address 5935 Chapman Field Dr.		Transaction ID: SA11A1.6466	
City State Zip Code Miami FL 33156	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Dues		
Name of Employer Occupation Capitalink, LC Partner	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Loren Cohen</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 855 W.46th St.		Transaction ID: SA11A1.6457	
City State Zip Code Miami Beach FL 33140	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Dues		
Name of Employer Occupation Mitrani Ryner Adamsky Mac-aulay Attorney	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. R. Steven Feig</b>		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 545 W. 18th St.		Transaction ID: SA11A1.6447	
City Hialeah	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 33010		Dues	
FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Name of Employer Foreign Parts Distributors		Occupation President	
Aggregate Year-to-Date ▼ 1500.00			

Full Name (Last, First, Middle Initial) <b>B. Howard Lenard</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 17011 N.E. 19th Ave.		Transaction ID: SA11A1.6470	
City No. Miami Beach	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33162		Dues	
FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Name of Employer City of No. Miami Beach		Occupation City Attorney	
Aggregate Year-to-Date ▼ 500.00			

Full Name (Last, First, Middle Initial) <b>C. Gerald Lewin</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 1900 NW Corp. Blvd.,#300		Transaction ID: SA11A1.6494	
City Boca Raton	State FL	Amount of Each Receipt this Period 400.00	
Zip Code 33431		Dues	
FEC ID number of contributing federal political committee. C		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Name of Employer Goldstein Lewin & Co.		Occupation C.P.A.	
Aggregate Year-to-Date ▼ 400.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Lt. Gov. Richard Licht

Mailing Address 10 Weybosset St.

City Providence State RI Zip Code 02903

FEC ID number of contributing federal political committee. **C**

Name of Employer Tillinghast, Licht, Perkins  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 6

Transaction ID: SA11A1.6487

Amount of Each Receipt this Period  
250.00

Dues

**B.** Full Name (Last, First, Middle Initial)  
Richard Linevsky

Mailing Address 2735 Hackney Road

City West State FL Zip Code 33331

FEC ID number of contributing federal political committee. **C**

Name of Employer Catalogs.com  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.6455

Amount of Each Receipt this Period  
1000.00

Dues

**C.** Full Name (Last, First, Middle Initial)  
Joel Reinstein

Mailing Address 925 So. Federal Hwy., #325

City Boca Raton State FL Zip Code 33432

FEC ID number of contributing federal political committee. **C**

Name of Employer Joel Reinstein, P.A.  
Occupation Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 6

Transaction ID: SA11A1.6469

Amount of Each Receipt this Period  
1000.00

Dues

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Harold Schnitzer</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address P.O. Box 2708		Transaction ID: SA11A1.6474	
City Portland	State OR	Zip Code 97208	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Dues	
Name of Employer Harsch Investments	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. David Singer</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 1011 So. Federal Hwy.		Transaction ID: SA11A1.6456	
City Hollywood	State FL	Zip Code 33020	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Dues	
Name of Employer Singer, Farberman & Associates	Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>C. Priscilla Siskin</b>		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 0 6	
Mailing Address 36 So. Crest Rd.		Transaction ID: SA11A1.6471	
City Chattanooga	State TN	Zip Code 37404	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Dues	
Name of Employer N/A	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Harry Smith

Mailing Address 701 Brickell Ave., 19th Floor

City State Zip Code  
Miami FL 33131

FEC ID number of contributing federal political committee. **C**

Name of Employer: Ruden McCloskey  
Occupation: Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.6459

Amount of Each Receipt this Period  
250.00

Dues

**B.** Full Name (Last, First, Middle Initial)  
Allan Stein

Mailing Address 20206 N.E. 34th Ct.

City State Zip Code  
Aventura FL 33180

FEC ID number of contributing federal political committee. **C**

Name of Employer: Rosenfeld and Stein, P.A.  
Occupation: Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.6465

Amount of Each Receipt this Period  
350.00

Dues

**C.** Full Name (Last, First, Middle Initial)  
Barry Stein

Mailing Address 9100 So Dadeland Blvd., #1010

City State Zip Code  
Miami FL 33156

FEC ID number of contributing federal political committee. **C**

Name of Employer: Levine, Busch, Schnepfer & Stein, P.A.  
Occupation: Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 1 / 2 0 0 6

Transaction ID: SA11A1.6458

Amount of Each Receipt this Period  
1800.00

Dues

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 16
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name (Last, First, Middle Initial)  
Brian Strelitz

Mailing Address 1400 N.E. Miami Gardens Dr., #210A

City Miami State FL Zip Code 33179

FEC ID number of contributing federal political committee. **C**

Name of Employer Urbanism Group Occupation Real estate

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2150.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	6

Transaction ID: SA11A1.6460

Amount of Each Receipt this Period  
1000.00

Dues

**B.** Full Name (Last, First, Middle Initial)  
Ruth Stuzin

Mailing Address c/o Charles B. Stuzin  
800 Douglas Rd., #500

City Coral Gables State FL Zip Code 33134

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	6

Transaction ID: SA11A1.6475

Amount of Each Receipt this Period  
1000.00

Dues

**C.** Full Name (Last, First, Middle Initial)  
Paul Swaye

Mailing Address 1870 N.E. 118th Rd.

City North Miami State FL Zip Code 33181

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Medical doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	0	6

Transaction ID: SA11A1.6472

Amount of Each Receipt this Period  
500.00

Dues

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 12 / 16	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Mark Vogel

Mailing Address 3389 Sheridan St., #424

City State Zip Code  
Hollywood FL 33021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mark R. Vogel, P.A. Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2900.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 1 6 / 2 0 0 6

Transaction ID: SA11A1.6464

Amount of Each Receipt this Period  
100.00

Dues

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	11650.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 16
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Ros-Lehtinen for Congress

Mailing Address POB 522784

City	State	Zip Code
Miami	FL	33152

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 1 2 / 1 3 / 2 0 0 6

Transaction ID: SA11C.6463

Amount of Each Receipt this Period  
500.00

Dues

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	500.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 / 16	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

**A.** Full Name (Last, First, Middle Initial)  
Interest

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
415.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	6

Transaction ID: SA17.6498

Amount of Each Receipt this Period  
45.00

Interest income

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	45.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	45.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 16

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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

Full Name (Last, First, Middle Initial)

A. Mark R. Vogel, P.A.

Mailing Address 3389 Sheridan St., #424

City Hollywood State FL Zip Code 33021

Purpose of Disbursement  
Offices, secr'l. xerox, postage, long dist.

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB21B.6454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A.** Friends of Sherrod Brown

Mailing Address 2280 Kresge Dr.

City Amherst State OH Zip Code 44001

Purpose of Disbursement  
Debt Retirement Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: OH District:

Transaction ID: SB23.6479

Date of Disbursement

MM / DD / YYYY  
12 / 26 / 2006

Amount of Each Disbursement this Period

1000.00

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

1000.00

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

1000.00