

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 8
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 Eric Sisser 1800 S. Bayshore Dr. Coconut Grove, FL 33133		Name of Employer Self	Date (month, day, year) 02/04/98	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 Public Relations	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code Lynn Schusterman 2142 Forest Blvd. Tulsa, OK 74114		Name of Employer N/A	Date (month, day, year) 02/02/98	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 Housewife	Aggregate Year-to-Date > \$ 1,000	
C. Full Name, Mailing Address and ZIP Code Robert Merlin 5810 Maggiore St. Miami, FL 33146		Name of Employer Self	Date (month, day, year) 02/04/98	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 Paul Cummings 1428 Brickell Ave., #400 Miami, FL 33131		Name of Employer Self	Date (month, day, year) 02/09/98	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	
E. Full Name, Mailing Address and ZIP Code Martin Zilber 1994 N.E. 142nd St. N. Miami, FL 33181		Name of Employer Self	Date (month, day, year) 02/09/98	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	
F. Full Name, Mailing Address and ZIP Code Joel Karp 2 Alhambra Plaza, #1202 Coral Gables, FL 33134		Name of Employer Karp & Gencover, P.A.	Date (month, day, year) 02/12/98	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	
G. Full Name, Mailing Address and ZIP Code Eric B. Feldman 717 Ponce de Leon Blvd., #204 Coral Gables, FL 33134		Name of Employer Self	Date (month, day, year) 02/16/98	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	

SUBTOTAL of Receipts This Page (optional) 3,750

TOTAL This Period (last page this line number only)