

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM  
DEC 4 3 08 PM '97

1. NAME OF COMMITTEE (in full) National Association of Securities and Commercial Law Attorneys (NASCAT) PAC	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported c/o Bernstein, Litowitz, Berger 1285 Avenue of the Americas	2. FEC IDENTIFICATION NUMBER C00236687
CITY, STATE and ZIP CODE New York, NY 10019	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 160)

## 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  
11/6/97 in the State of New York

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/16/97</u> through <u>11/24/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 47.50
(b) Cash on Hand at Beginning of Reporting Period	\$ 2,696.83	
(c) Total Receipts (from Line 19)	\$ 3,000.00	\$ 15,750.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 5,696.83	\$ 15,797.50
7. Total Disbursements (from Line 20)	\$ 2,169.29	\$ 12,269.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 3,527.54	\$ 3,527.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule G and/or Schedule D)	\$ - 0 -	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20483 Toll Free 800-424-9530 Local 202-215-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ - 0 -	

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 Jeffrey Klafter	Date
Signature of Treasurer 	12/2/97

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 1/1/81)

NAME OF COMMITTEE <b>NASCAT PAC</b>		REPORT COVERING PERIOD FROM <b>10/16/97</b> TO: <b>11/24/97</b>	
		<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year</b>
<b>I. Receipts</b>			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees	2,000.00	14,750.00
i.	Itemized (use Schedule A)	- 0 -	- 0 -
ii.	Unitemized	- 0 -	- 0 -
iii.	Total (add i and ii) >	2,000.00	14,750.00
b.	Political Party Committees	- 0 -	- 0 -
c.	Other Political Committees (such as PACs)	- 0 -	- 0 -
d.	Total Contributions (add a ii, b and c) >	2,000.00	14,750.00
12.	Transfers From Affiliated/Other Party Committees	- 0 -	- 0 -
13.	All Loans Received	- 0 -	- 0 -
14.	Loan Repayments Received	- 0 -	- 0 -
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	- 0 -	- 0 -
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,000.00	1,000.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	- 0 -	- 0 -
18.	Transfers from Nonfederal Account for Joint Activity	- 0 -	- 0 -
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	3,000.00	15,750.00
20.	Total Federal Receipts (subtract line 18 from line 19) >	3,000.00	15,750.00
<b>II. Disbursements</b>			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)	- 0 -	- 0 -
i.	Federal Share	- 0 -	- 0 -
ii.	Non-Federal Share	- 0 -	- 0 -
b.	Other Federal Operating Expenditures	169.29	669.96
c.	Total Operating Expenditures (add a i, a ii, and b) >	169.29	669.96
22.	Transfers to Affiliated/Other Party Committees	- 0 -	- 0 -
23.	Contributions to Federal Candidates/Committees and Other Political Committees	2,000.00	11,000.00
24.	Independent Expenditures (use Schedule E)	- 0 -	- 0 -
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	- 0 -	- 0 -
26.	Loan Repayments Made	- 0 -	- 0 -
27.	Loans Made	- 0 -	- 0 -
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees	- 0 -	- 0 -
b.	Political Party Committees	- 0 -	- 0 -
c.	Other Political Committees (such as PACs)	- 0 -	- 0 -
d.	Total Contribution Refunds (add a, b and c) >	- 0 -	- 0 -
29.	Other Disbursements	- 0 -	600.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 29d, and 29) >	2,169.29	12,269.96
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	2,169.29	12,269.96
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans)(from line 11d)	2,000.00	14,750.00
33.	Total Contribution Refunds (from line 28d)	- 0 -	- 0 -
34.	Net Contributions (other than loans)(subtract line 33 from 32)	2,000.00	14,750.00
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	169.29	669.96
36.	Offsets to Operating Expenditures (from line 15)	- 0 -	- 0 -
37.	Net Operating Expenditures (subtract line 36 from 35) >	169.29	669.96

**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)**

NASCAT PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer (refund of 10/14/97 contribution)	Date (month, day, year) 11/16/97	Amount of Each Receipt this Period 1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): 1997 special	Occupation Aggregate Year-to-Date > \$ 1,000		
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) ..... 1,000

**TOTAL** This Period (last page this line number only) ..... 1,000

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**  
NASCAT PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chimicles Jacobsen & Tikellis One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041	Partnership	11/17/97	2,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nicholas Chimicles One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041	Chimicles, Jacobsen & Tikellis	11/17/97	400 memo partnership allocation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 400.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ken Jacobsen One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041	Chimicles, Jacobsen & Tikellis	11/17/97	400 memo partnership allocation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 400.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pam Tikellis One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041	Chimicles, Jacobsen & Tikellis	11/17/97	400 memo partnership allocation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 400.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Malone One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041	Chimicles, Jacobsen & Tikellis	11/17/97	400 memo partnership allocation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Strum One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041	Chimicles, Jacobsen & Tikellis	11/17/97	400 memo partnership allocation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner	Aggregate Year-to-Date > \$ 400.00	
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) ..... 2,000

**TOTAL** This Period (last page this line number only) ..... 2,000

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)  
**NASCAT PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Perkins Cole 1201 Third Avenue 40th Floor Seattle, WA 98101	Legal Services Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1997	11/4/97	169.29
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

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	169.29
<b>TOTAL</b> This Period (last page this line number only) .....	169.29

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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**NAME OF COMMITTEE (In Full)**  
**NASCAT PAC**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stupak Unity Fund 650 South Capitol Street, SE Second Floor Washington, DC 20003	<b>Contribution</b>	10/16/97	2,000
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)		
B. 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)		
C. 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)		
D. 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)		
E. 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)		
F. 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)		
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)		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2,000
<b>TOTAL</b> This Period (last page this line number only) .....	2,000

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 12-1-97
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JCS</i> PREPARER	12-5-97 DATE PREPARED