

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 26 2 11 PM '99

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 RD		
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
- 12-Day Pre-Election Report for the _____
(Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election 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 JAN 1, 1999 through JUN 30, 1999			
6. (a)	Cash on Hand January 1, 19 99		\$ 75,883.32
(b)	Cash on Hand at Beginning of Reporting Period	\$ 75,883.32	
(c)	Total Receipts (from Line 19)	\$ 2,709.28	\$ 2,709.28
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 78,592.60	\$ 78,592.60
7.	Total Disbursements (from Line 30)	\$ 7,305.72	\$ 7,305.72
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 71,286.88	\$ 71,286.88
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100
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
MARK J. GOLDEN, CAE

Signature of Treasurer


Date
7/22/99

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 9/93)

**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 1/01/99 TO 6/30/99	
		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)	1,655.00	1,655.00
ii.	Unitemized		
ii.	Total (add i and ii) >	1,655.00	1,655.00
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contributions (add a iii, b and c) >	1,655.00	1,655.00
12.	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
14.	Loan Repayments Received		
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	1,054.28	1,054.28
18.	Transfers from Nonfederal Account for Joint Activity		
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,709.28	2,709.28
20.	Total Federal Receipts (subtract line 18 from line 19) >	2,709.28	2,709.28
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share		
ii.	Non-Federal Share	55.72	55.72
b.	Other Federal Operating Expenditures	55.72	55.72
c.	Total Operating Expenditures (add a i, a ii, and b) >	55.72	55.72
22.	Transfers to Affiliated/Other Party Committees		
23.	Contributions to Federal Candidates/Committees and Other Political Committees	7,250.00	7,250.00
24.	Independent Expenditures (use Schedule E)		
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441e(d)) (use Schedule F)		
26.	Loan Repayments Made		
27.	Loans Made		
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees		
b.	Political Party Committees		
c.	Other Political Committees (such as PACs)		
d.	Total Contribution Refunds (add a, b and c) >		
29.	Other Disbursements		
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	7,305.72	7,305.72
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	7,305.72	7,305.72
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	1,655.00	1,655.00
33.	Total Contribution Refunds (from line 28d)		
34.	Net Contributions (other than loans)(subtract line 33 from 32)		
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	55.72	55.72
36.	Offsets to Operating Expenditures (from line 15)		
37.	Net Operating Expenditures (subtract line 36 from 35) >	55.72	55.72

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 committee.

NAME OF COMMITTEE (in Full) NATIONAL COURT REPORTERS ASSOCIATION
POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code CRESTAR BANK 1445 NEW YORK AVE., NW WASHINGTON, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST INCOME	Date (month, day, year) 1/31/99	Amount of Each Receipt this Period \$189.72
	Occupation Aggregate Year-to-Date > \$		
B. Full Name, Mailing Address and ZIP Code CRESTAR BANK 1445 NEW YORK AVE., NW WASHINGTON, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST INCOME	Date (month, day, year) 2/28/99	Amount of Each Receipt this Period 168.77
	Occupation Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code CRESTAR BANK 1445 NEW YORK AVE., NW WASHINGTON, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST INCOME	Date (month, day, year) 3/31/99	Amount of Each Receipt this Period 182.62
	Occupation Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code CRESTAR BANK 1445 NEW YORK AVE., NW WASHINGTON, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST INCOME	Date (month, day, year) 4/30/99	Amount of Each Receipt this Period 172.91
	Occupation Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code CRESTAR BANK 1445 NEW YORK AVE., NW WASHINGTON, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST INCOME	Date (month, day, year) 5/31/99	Amount of Each Receipt this Period 173.15
	Occupation Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code CRESTAR BANK 1445 NEW YORK AVE., NW WASHINGTON, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST INCOME	Date (month, day, year) 6/30/99	Amount of Each Receipt this Period 167.11
	Occupation Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer INTEREST INCOME	Date (month, day, year) 6/30/99	Amount of Each Receipt this Period 167.11
	Occupation Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

\$1,054.28

TOTAL This Period (last page this line number only)

\$1,054.28

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COBLE FOR CONGRESS P. O. BOX 1177 GREENSBORO, NC 27402	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	2/10/99	\$1,000.00
BECERRA FOR CONGRESS P. O. BOX 75214 WASHINGTON, DC 20013-5214	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/01/99	500.00
COMMITTEE TO ELECT LINDSEY GRAHAM 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, VA 20151	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	500.00
LOFGREN FOR CONGRESS 422 G ST., NE, LOWER LEVEL WASHINGTON, DC 20002	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	500.00
KIND FOR CONGRESS P. O. BOX 184 LA CROSSE, WI 54602	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	500.00
THE SENSENBRENNER COMMITTEE P. O. BOX 575 BROOKFIELD, WI 53008-0575	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/15/99	500.00
HYDE FOR CONGRESS COMMITTEE P. O. BOX 332 DES PLAINES, IL 60016	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/16/99	500.00
STRICKLAND FOR CONGRESS P. O. BOX 1236 ALTA LOMA, CA 91701	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/02/99	250.00
GALLEGLY FOR CONGRESS COMMITTEE 4451 BROOKFIELD CORPORATE DR., #200 CHANTILLY, VA 20151	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/02/99	500.00

SUBTOTAL of Disbursements This Page (optional)

\$4,750.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
BARR FOR CONGRESS P. O. BOX 4323 MARIETTA, GA 30061-4323	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/16/99	\$ 500.00
BOUCHER FOR CONGRESS P. O. BOX 2000 ABINGDON, VA 24212	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/21/99	500.00
ANDREW FOR CONGRESS P. O. BOX 295 OAKLYN, NJ 08107	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/13/99	500.00
CHABOT FOR CONGRESS 3014 HARRISON AVENUE CINCINNATI, OH 45211	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/21/99	500.00
BERMAN FOR CONGRESS 1114 NORTH ILLINOIS ST. ARLINGTON, VA 22205	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/10/99	500.00
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)	\$2,500.00
TOTAL This Period (last page this line number only)	\$7,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 21 b

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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	CHECK ORDER FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/30/99	\$ 7.95
CRESTAR BANK 1445 NEW YORK AVE., NW WASHINGTON, DC 20005	CREDIT CARD PROCESSING FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	1/31/99	4.58
CRESTAR BANK 1445 NEW YORK AVE., NW WASHINGTON, DC 20005	CREDIT CARD PROCESSING FEE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/31/99	43.19
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)

\$ 55.72

TOTAL This Period (last page this line number only)

\$ 55.72

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 7/23/99
<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	
ENT PREPARER	7/26/99 DATE PREPARED