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 5 / 11

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
PHYSICIANS FOR WOMEN'S HEALTH PAC

A. Full Name (Last, First, Middle Initial)
BRIDGET B. AHLES

Mailing Address
4248 LINDEN HILLS BOULEVARD

City: MINNEAPOLIS State: MN Zip Code: 55410

FEC ID number of contributing federal political committee.

Name of Employer: PARK NICOLLET CLINIC
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M / D D / Y Y Y Y 05 18 2001

Amount of Each Receipt this Period: 250.00

Transaction ID: SA11A1.4103

B. Full Name (Last, First, Middle Initial)
THOMAS F. ARNOLD

Mailing Address
1145 14TH AVENUE WEST

City: DICKINSON State: ND Zip Code: 58601

FEC ID number of contributing federal political committee.

Name of Employer: MED CENTER ONE
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M / D D / Y Y Y Y 05 18 2001

Amount of Each Receipt this Period: 1000.00

Transaction ID: SA11A1.4105

C. Full Name (Last, First, Middle Initial)
BARBARA A. BEATTY

Mailing Address
13850 LAKESHORE DRIVE

City: DES MOINES State: IA Zip Code: 50325

FEC ID number of contributing federal political committee.

Name of Employer: IOWA HEALTH PHYSICIANS
Occupation: PHYSICIAN

Receipt For: Primary General
Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M / D D / Y Y Y Y 06 01 2001

Amount of Each Receipt this Period: 500.00

Transaction ID: SA11A1.4107

SUBTOTAL of Receipts This Page (optional) ..... ▶ **1750.00**

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