SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a I

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)
The National PAC, Inc. a/k/a NatPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrew Viterbi 2712 Glenwick Place La Jolla, CA 92037-2040	N/A	06/07/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ 500.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Motta 1545 Ontario Avenue Pasadena, CA 91103-1970	N/A	06/07/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chenou Lokey 20 W. Third Avenue #1102 San Mateo, CA 94402	N/A	06/07/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald T. Rubin 806 Broadview Highland Park, IL 60035-4615	Self-employed	06/07/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Attorney Aggregate Year-to-Date > $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Betty Rubin 201 East 79th Street Apartment 12G New York, NY 10021-0872	N/A	06/07/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ 500.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Weinstein 875 North Michigan Avenue Suite 2930 Chicago, IL 60611-1901	HMO America, Inc.	06/07/00	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician Aggregate Year-to-Date > $ 5,000.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward L. Harris 16383 Fern Drive Fort Lauderdale, FL 33326	N/A	06/07/00	5,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date > $ 5,000.00		

SUBTOTAL of Receipts This Page (optional)	11,750.00
TOTAL This Period (last page this line number only)	

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