

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 7
09/08/1998 14 : 27

1. NAME OF COMMITTEE (in full) New York State NARAL Women's Health Political Action Committee	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 462 Broadway, Suite 540	2. FEC IDENTIFICATION NUMBER C00337451
CITY, STATE, and ZIP CODE New York NY 10013	3. <input type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report Twelfth day report preceding Primary (election type)
- July 31 Mid-Year Report (Non-election Year Only) election on 09/15/1998 In the State of NY
- Termination report on _____ In the State of _____
- Thirtieth day report following the General Election
- (b) Is this Report an Amendment YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/1998</u> through <u>08/28/1998</u>		
6. (a) Cash on Hand, January 1, <u>1998</u>		0.00
(b) Cash on Hand at Beginning of Reporting Period	25050.00	
(c) Total Receipts (from line 19)	10250.00	35300.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35300.00	35300.00
7. Total Disbursements (from line 30)	21165.00	21165.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14135.00	14135.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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 Electronically Filed by Ms Barbara Klar	
Signature of Treasurer	Date 08/31/1998

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 1/1/91)

NAME OF COMMITTEE New York State NARAL Women's Health Political Action Committee	REPORT COVERING PERIOD		
	FROM 07/01/1998	TO: 08/28/1998	
I. Receipts	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	9250.00	29250.00	11.a.i.
ii. Unitemized	1000.00	1050.00	11.a.ii.
iii. Total	10250.00	30300.00	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	10250.00	30300.00	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	5000.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	10250.00	35300.00	19.
20. Total Federal Receipts	10250.00	35300.00	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	0.00	0.00	21.b.
c. Total Operating Expenditures	0.00	0.00	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00	23.
24. Independent Expenditures (use Schedule E)	16165.00	16165.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	5000.00	5000.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	0.00	29.
30. Total Disbursements	21165.00	21165.00	30.
31. Total Federal Disbursements	21165.00	21165.00	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	10250.00	30300.00	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	10250.00	30300.00	34.
35. Total Federal Operating Expenditures	0.00	0.00	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	0.00	0.00	37.

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	3 / 7
				FOR LINE NUMBER 11A	
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) New York State NARAL Women's Health Political Action Committee					
Full Name, Mailing Address, and ZIP Code Ted & Page Ashely 875 Park Ave., PH A-B New York NY 10021	Name of Employer	Date (month, day, year) 07/08/1998	Amount of Each Receipt this Period 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$ 500.00					
Full Name, Mailing Address, and ZIP Code Polly Guth 37 Spencer Hill Rd. Corning NY 14830	Name of Employer	Date (month, day, year) 07/08/1998	Amount of Each Receipt this Period 1000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$ 1000.00					
Full Name, Mailing Address, and ZIP Code Cathy & Norman Yohay 145 Station Road Great Neck NY 11023	Name of Employer	Date (month, day, year) 07/27/1998	Amount of Each Receipt this Period 750.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$ 750.00					
Full Name, Mailing Address, and ZIP Code Hester Diamond 300 Central Park West Apt.19D New York NY 10024	Name of Employer	Date (month, day, year) 08/07/1998	Amount of Each Receipt this Period 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$ 500.00					
Full Name, Mailing Address, and ZIP Code Ms Helen Getler 475 Bryant Ave. Roslyn NY 11576	Name of Employer	Date (month, day, year) 08/19/1998	Amount of Each Receipt this Period 500.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$ 500.00					
Full Name, Mailing Address, and ZIP Code Arnold & Mildred Glimcher 435 E. 52nd Street New York NY 10022	Name of Employer	Date (month, day, year) 08/26/1998	Amount of Each Receipt this Period 3000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$ 3000.00					
Full Name, Mailing Address, and ZIP Code Mrs Jill S. Lafer 1060 Fifth Ave. Apt. 7B New York NY 10128	Name of Employer	Date (month, day, year) 08/26/1998	Amount of Each Receipt this Period 1000.00		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation				
Aggregate Year-to-Date > \$ 1000.00					
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	4 / 7
		Use separate schedule(s) for each category of the Detailed Summary Page
		FOR LINE NUMBER 11A1
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) New York State NARAL Women's Health Political Action Committee		
Full Name, Mailing Address, and ZIP Code Ms Lynn S. Stern 101 Central Park West New York NY 10023	Name of Employer Occupation	Date (month, day, year) 08/26/1998 Amount of Each Receipt this Period 2000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5	2000.00
SUBTOTALS of Receipts This Page (Optional)		
TOTALS This Period (last page this line number only)		9250.00

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 7
			FOR LINE NUMBER 26
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) New York State NARAL Women's Health Political Action Committee			
Full Name, Mailing Address, and ZIP Code New York State NARAL Political Action Committee 462 Broadway Suite 540 New York NY 10013	Purpose of Disbursement loan repayment made	Date (month, day, year) 08/25/1998	Amount of Each Disbursement This Period 5000.00
Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) :			
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			5000.00

SCHEDULE C (Revised 3/80)	LOANS	Use separate schedule(s) for each numbered line	6 / 7
			FOR LINE NUMBER 10
NAME OF COMMITTEE (in Full) New York State NARAL Women's Health Political Action Committee			
Full Name, Mailing Address, and ZIP Code of Loan Source New York State NARAL Political Action Committee 462 Broadway Suite 540 New York NY 10013 Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Original Amount of Loan 5000.00 REF-ID: 24	Cumulative Payment to Date 5000.00	Balance Outstanding at Close of This Period 0.00
TERMS: Date incurred: 06/19/1958 Date Due: Interest Rate(%) = <input type="checkbox"/> Secured			
SUBTOTALS This Period This Page (Optional)			
TOTALS This Period (last page this line number only)			0.00
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary			

SCHEDULE E

ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (in Full)
New York State NARAL Women's Health Political Action Committee

Full Name, Mailing Address, and Zip Code of Each Payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported/opposed by the expenditure & office sought
Penn, Schoen & Berland 245 East 92nd Street New York NY 10128	consulting fee	08/11/1998	12500.00	Sen. Alfonse D'Amato NY / Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Sheinkopf Ltd 379 West Broadway, Suite 305 New York NY 10012	radio spot	08/25/1998	3665.00	Sen. Alfonse D'Amato NY / Senate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose

TOTAL Independent Expenditures **16165.00**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, concert with, or at the request or suggestion of any candidate or any authorized committee or agent of such candidate or authorized committee. Furthermore, these expenditures did not involve the financing of dissemination, distribution, or republication in whole or in part of any campaign materials prepared by the candidate, his campaign committee, or their agent.

Electronically Filed by Ms Barbara Klar

Signature

08/31/1998

Date

Subscribed and sworn to me this _____ day of _____, _____

My Commission expires : _____

NOTARY PUBLIC