

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