

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 22
10/20/2000 11 : 20

1. NAME OF COMMITTEE (in full) National Organization for Women PAC		2. FEC IDENTIFICATION NUMBER C00092247
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 733 15th Street, NW Second Floor	3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee (see FEC Form 1M)	
CITY, STATE, and ZIP CODE Washington DC 20005		

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input checked="" 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
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day 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 <u>09/01/2000</u> through <u>09/30/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		121326.00
(b) Cash on Hand at Beginning of Reporting Period	58745.52	
(c) Total Receipts (from line 19)	81535.79	131538.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	120281.31	252966.44
7. Total Disbursements (from line 30)	9559.50	142144.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	110721.81	110721.81
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 989 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 Karen Johnson		
Signature of Treasurer	Date 10/20/2000	

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 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE National Organization for Women PAC	REPORT COVERING PERIOD		
	FROM 09/01/2000	TO: 09/30/2000	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	15006.00	39474.00	11.a.i.
ii. Unitemized	46513.78	91579.30	11.a.ii.
iii. Total	61519.78	131153.30	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	61519.78	131153.30	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	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.)	16.01	365.14	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	61535.79	131538.44	19.
20. Total Federal Receipts	61535.79	131538.44	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	960.00	19738.81	21.b.
c. Total Operating Expenditures	960.00	19738.81	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	8599.50	122373.12	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	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	0.00	0.00	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	32.70	29.
30. Total Disbursements	9559.50	142144.63	30.
31. Total Federal Disbursements	9559.50	142144.63	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	61519.78	131153.30	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	61519.78	131153.30	34.
35. Total Federal Operating Expenditures	960.00	19738.81	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	960.00	19738.81	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 22
			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)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Dr. Karen Gilmore 305 E. 18th St. New York NY 10003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 09/04/2000	Amount of Each Receipt this Period 375.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 375.00		
Full Name, Mailing Address, and ZIP Code Ms. Kathryn Robinson 1016 Centre St. Newton MA 02459 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 250.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Ann Ruryan 315 S. 2nd St. Carbondale CO 81623 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 250.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Risha Samuelson 94 Somerset St. Belmont MA 02478 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 09/07/2000	Amount of Each Receipt this Period 2000.00
	Occupation		
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Ms. Carol Bousquet 39 Ames Road Groton MA 01450 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 250.00
	Occupation		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Elizabeth Chain 911 W. Cheyenne Dr. Chandler AZ 85224 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer ON Semi Conductor	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 250.00
	Occupation Engineer		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Joy Gorson 801 Gillespie Drive Apt. #42 Boulder CO 80305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Mockingbird Farms	Date (month, day, year) 09/08/2000	Amount of Each Receipt this Period 250.00
	Occupation Oil Secretary		
	Aggregate Year-to-Date > \$ 410.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Ms. Percy Browning 1 Pleasant Grove Lane Ithaca NY 14850 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 250.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. John Mitchell 1668 Wyandotte Rd. Columbus OH 43212 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 400.00
	Occupation Professor		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Ms. Karen Parker 1079 Leonello Ave. Los Altos CA 94024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Nortel Networks	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period 500.00
	Occupation Marketing		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Marguerite Demby 953 Berkshire Grosse Pointe MI 48230 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 09/13/2000	Amount of Each Receipt this Period 500.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. James Eyer 6228 Creekview Lane Brooklyn Park MN 55445 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 09/13/2000	Amount of Each Receipt this Period 800.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 800.00		
Full Name, Mailing Address, and ZIP Code Dr. Frances Graham 311 Dove Drive Newark DE 19713 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 09/13/2000	Amount of Each Receipt this Period 250.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Barbara Jordan 13 Chesterland Dr. Thorton PA 19373 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 09/13/2000	Amount of Each Receipt this Period 1000.00
	Occupation unknown		
	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	Use separate schedule(s) for each category of the Detailed Summary Page	5 / 22
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Ms. Mildred Weissman 81 Manuring Way Rye NY 10580	Name of Employer retired	Date (month, day, year) 09/13/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation retired		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Ms. Doreen Quinn 565 Evanswood Place Cincinnati OH 45220	Name of Employer Retired	Date (month, day, year) 09/14/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Hoffman 618 Kingsley Ave. Palo Alto CA 94301	Name of Employer First Systems	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Executive		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Fredica Rice 12221 Cortiss Ave. Seattle WA 98133	Name of Employer Edmonds Comm College	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Philosophy Instructor		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Martha Sands The Highlands Seattle WA 98177	Name of Employer Self	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Student		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Suzanne Herzing 9911 Maple Ave. Apt. 9 Pewaukee WI 53072	Name of Employer unknown	Date (month, day, year) 09/16/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Office Staff		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Elspeth Bobbs 630 E. Alameda Santa Fe NM 87501	Name of Employer unknown	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period 400.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation unknown		
	Aggregate Year-to-Date > \$ 400.00		
SUBTOTALS of Receipts This Page (Optional)			
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			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Ms. Bobbie Adams 1225 Pine Grove Rd Amma WV 25505	Name of Employer self	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 245.00		
Full Name, Mailing Address, and ZIP Code Mr. Gerald Blum 1504 Dunlce Dr. Pittsburg PA 15227	Name of Employer Bechtel	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 20.00
	Occupation nuclear engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 390.00		
Full Name, Mailing Address, and ZIP Code Ms. Marcile Broadley 35063 Beach Rd Capistrano Beach CA 92624	Name of Employer Broadley-James Corp	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Treasurer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Ms. Karen Brown 8513 E. Fairmount Ave. Scottsdale AZ 85251	Name of Employer County Home Loans, Inc.	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Loan Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.00		
Full Name, Mailing Address, and ZIP Code Ms. Marlene Cannova 385 Talbot Ave #16 Pacifica CA 94044	Name of Employer Berman, Bardey & Lesky	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Paralegal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 315.00		
Full Name, Mailing Address, and ZIP Code Dr. Janet Canterbury 10700 SW 90th Ave Miami FL 33176	Name of Employer Univ. of Miami	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Dean		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Ms. Jori Carlson 145 Highland St. #3-C Taunton MA 02780	Name of Employer Comm. of Mass.	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Field Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.00		

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Mrs. Susan Clark 1180 C Street Juneau AK 99801	Name of Employer self	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Kundalini Yoga Instructor		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 324.00			
Full Name, Mailing Address, and ZIP Code Ms. Martha Cockram 46 Dublin Rd. Lansing NY 14882	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 450.00			
Full Name, Mailing Address, and ZIP Code Ms. Michel Cocoris 547 Chers 87 SE #4K Grand Rapids MI 49503	Name of Employer Grand Valley State Univ.	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Assit. Professor		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 470.00			
Full Name, Mailing Address, and ZIP Code Mrs. Madeline Coffman 3900 N. Woodlwn Cc #7 Wichita KS 67220	Name of Employer unknown	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation unknown		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 225.00			
Full Name, Mailing Address, and ZIP Code Mr. Howard Davidson 59 Club Drive San Carlos CA 94070	Name of Employer Sou Microsystems	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Physicist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 225.00			
Full Name, Mailing Address, and ZIP Code Ms. Nancy Dorfain 640 Hook Rd. Farmington NY 14425	Name of Employer unknown	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation unknown		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 225.00			
Full Name, Mailing Address, and ZIP Code Ms. Sua Errington 3200 Brook Drive Muncie IN 47304	Name of Employer Planned Parenthood of E. Indiana	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Associate Director		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 450.00			

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Ms. Darlene Eving 1624 Chotaw Drive Mesquite TX 75140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 35.00
	Occupation attorney	Aggregate Year-to-Date > \$ 315.00	
Full Name, Mailing Address, and ZIP Code Ms. Rosanna Fabbella 26430 Chatham Court Hayward CA 94542 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hexcel Corp	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation scientist	Aggregate Year-to-Date > \$ 450.00	
Full Name, Mailing Address, and ZIP Code Ms. Mary Fontaine 13709 Christensen Rd. Gal CA 95632 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Labat-Anderson, Inc	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 35.00
	Occupation legal investigator	Aggregate Year-to-Date > \$ 315.00	
Full Name, Mailing Address, and ZIP Code Ms. Kim Gandy 733 15th Street NW Second Floor Washington DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer NOW	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Executive VP	Aggregate Year-to-Date > \$ 600.00	
Full Name, Mailing Address, and ZIP Code Ms. Gwen Gillis 2182 Via Robles Oceanside CA 92054 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired	Aggregate Year-to-Date > \$ 225.00	
Full Name, Mailing Address, and ZIP Code Ms. Joy Gorson 801 Gilaspie Drive Apt. # 42 Boulder CO 80305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Mockingbird Farms	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Oil Secretary	Aggregate Year-to-Date > \$ 430.00	
Full Name, Mailing Address, and ZIP Code Ms. Marilyn Griffin 2004 Charteroak Drive Prescott AZ 86305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired	Aggregate Year-to-Date > \$ 225.00	

SUBTOTALS of Receipts This Page (Optional)

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Ms. Alan Gross 70 Starwick Court Somerset NJ 08873 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Telcordia	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Statistechian	Aggregate Year-to-Date > \$ 325.00	
Full Name, Mailing Address, and ZIP Code Ms. Connie Hannah 7467 Hampton Blvd. Norfolk VA 23505 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Dept. of the Navy	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Business Analysis	Aggregate Year-to-Date > \$ 775.00	
Full Name, Mailing Address, and ZIP Code Ms. Mary Ann Hummel-Barnes 30 Shafer Place #5A Hackensack NJ 07601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Graphic Connections	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Office Manager	Aggregate Year-to-Date > \$ 225.00	
Full Name, Mailing Address, and ZIP Code Ms. Lonnie JohnsBrown 10748 3rd Street, NW Seattle WA 98171 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Lobbyist/Consultant	Aggregate Year-to-Date > \$ 225.00	
Full Name, Mailing Address, and ZIP Code Ms. Beverly Johnson 1244 Georgetowne Ave. San Leandra CA 94579 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired	Aggregate Year-to-Date > \$ 225.00	
Full Name, Mailing Address, and ZIP Code Ms Karen Johnson 733 15th Street, NW Second Floor Washinton DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Organization for Women	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation VP Membership	Aggregate Year-to-Date > \$ 520.00	
Full Name, Mailing Address, and ZIP Code Ms. Lynn Dee Johnson 700 Mountain Ave. Wineburg CA 95487 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Xerox	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Copy Technician	Aggregate Year-to-Date > \$ 225.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE A		ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	10 / 22
					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) National Organization for Women PAC					
Full Name, Mailing Address, and ZIP Code Ms. Elizabeth Kise 112 Monitor Road Portsmouth VA 23707		Name of Employer Information Spectrum		Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Graphic Artist			
		Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Mr. John Douglas Kluge 1633 Cresview Drive New Ulm MN 56075		Name of Employer Acute Care Inc.		Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Physician			
		Aggregate Year-to-Date > \$ 315.00			
Full Name, Mailing Address, and ZIP Code Ms. Manuela Kramer 170 Kent Drive Saint Augustine FL 32086		Name of Employer Bunns/Wells Fargo		Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 35.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Security Guard			
		Aggregate Year-to-Date > \$ 315.00			
Full Name, Mailing Address, and ZIP Code Ms. Dorothy Lee 4 Ruth Rd. Bloomington IL 61701		Name of Employer Retired		Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Retired			
		Aggregate Year-to-Date > \$ 225.00			
Full Name, Mailing Address, and ZIP Code Mr. Austin Lin 3835 20th Street San Francisco CA 94114		Name of Employer YAHOO! INC		Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation feminist			
		Aggregate Year-to-Date > \$ 850.00			
Full Name, Mailing Address, and ZIP Code Ms. Jennifer Lindahl 4 Oak Drive Seq Harbor NY 11963		Name of Employer Alex Desmond Builking Contract		Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation General Contractor			
		Aggregate Year-to-Date > \$ 225.00			
Full Name, Mailing Address, and ZIP Code Ms. Diana Lynn 1804 Teri Way San Jose CA 95124		Name of Employer San Jose Univ.		Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Occupation Speech/Lan. Pathologist			
		Aggregate Year-to-Date > \$ 450.00			
SUBTOTALS of Receipts This Page (Optional)					
TOTALS This Period (last page this line number only)					

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 22
			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)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Ms. Madne Margolis 1651 NW 22 Circle Gainesville FL 32605	Name of Employer Univ. of FL	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.00		
Full Name, Mailing Address, and ZIP Code Ms. June Cason Mayer 12550 Lake Ave Suite 1401 Lakewood OH 44107	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.00		
Full Name, Mailing Address, and ZIP Code Mrs. Richard Miller P.O. Box 246 Cheney WA 99004	Name of Employer Self	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.00		
Full Name, Mailing Address, and ZIP Code Ms. Avis Moore 456 Russell Ave. Gaithersburg MD 20877	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 300.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Ms. Mary Neill 1730 Marin Way Newport Beach CA 92860	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Dr. Edward Nol 615 Emmons Birmingham MI 48009	Name of Employer self	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation physican		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Ms. Zoanna Nordstrom 370 Surrey St San Francisco CA 94131	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 225.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		12 / 22
		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) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code Ms. Wresida Louise Rauch 33 Hiett Rd. Rochester NY 14626 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Xerox Occupation Software Design Engineer Aggregate Year-to-Date > \$ 315.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 35.00	
Full Name, Mailing Address, and ZIP Code Ms. Bindu Reddy 100 Forest Pl. Apt 103 Oak Park IL 60301 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Occupation Medical student Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Ms. Marjorie Reuten 205 S. Sunset Drive Lot 104 Sedona AZ 86336 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired Occupation Retired Aggregate Year-to-Date > \$ 315.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 35.00	
Full Name, Mailing Address, and ZIP Code Ms. Judith Russell 2426 Westside Drive N. Chili NY 14514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation farmer Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Ms. Jean Saunders 45 Oakwood Drive Murray Hill NJ 07974 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paca Personnel Occupation Graphic Artist Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Ms. Phebe Scott 4 Ruth Rd. Bloomington IL 61701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown Occupation unknown Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Ms. Rebecca Shew 21 Bridle Ct. Potomac MD 20854 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Spiritual Director, Writer Aggregate Year-to-Date > \$ 900.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 100.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 22
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Ms. Emille Spielmann 2800 S. Syracuse Way, #11-104 Denver CO 80231 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 225.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Strawhorn 15519 Orizaba Ave. Paramount CA 90723 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Secom	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Computer Programmer		
	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Ms. Michelle Stuhl P.O.Box 430 Shokan NY 12481 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 100.00
	Occupation CEO		
	Aggregate Year-to-Date > \$ 700.00		
Full Name, Mailing Address, and ZIP Code Ms. Barbara Timmer 2101 Connecticut Ave., NW Washington DC 20008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer My Prime Time	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation attorney		
	Aggregate Year-to-Date > \$ 775.00		
Full Name, Mailing Address, and ZIP Code Ms. Laura TrucanoHarp 195 N. Harbor Drive Apt 5204 Chicago IL 60801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation homemaker		
	Aggregate Year-to-Date > \$ 2575.00		
Full Name, Mailing Address, and ZIP Code Ms. Lucy Watson 411 Westmoreland Houston TX 77008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 450.00		
Full Name, Mailing Address, and ZIP Code Ms. Margaret Zierdl 701 Roxboro Rd. Rockville MD 20850 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Retired	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 225.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	14 / 22
			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)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Dr. Gall ZMn 217 Baren Hill Road Conshohocken PA 19428 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer psychologist	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 50.00
	Occupation self		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Ms. Rita Kaplan 265-30 AGC Pkwy Floral Park NY 11005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 250.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. Frederick Lancaster P.O. Box 6111 Falmouth ME 04105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 500.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Suzanne Rice 6161 N. Ocean Drive Ocean Ridge FL 33435 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 1000.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Diana Beliard 417 Roslyn Chicago IL 60814 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period 500.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Dr. Mora Danner 6126 Myrtle Park Norfolk VA 23508 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Old Dominion University	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 300.00
	Occupation Professor		
	Aggregate Year-to-Date > \$ 300.00		

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	15006.00

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	15 / 22
			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 Organization for Women PAC			
Full Name, Mailing Address, and ZIP Code Bank of America P.O. Box 27025 Richmond VA 23261-7025	Name of Employer Occupation	Date (month, day, year) 08/30/2000	Amount of Each Receipt this Period 16.01 Bank Interest
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 377.62		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			16.01

SCHEDULE B	ITEMIZED DISBURSEMENTS	16 / 22
		FOR LINE NUMBER 21B
Use separate schedule(s) for each category of the Detailed Summary Page		
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 Organization for Women PAC		
Full Name, Mailing Address, and ZIP Code Accountants On Call P.O. Box 337 Newark NJ 07101	Purpose of Disbursement Accounting Fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000 Amount of Each Disbursement This Period 300.00
Full Name, Mailing Address, and ZIP Code Payment Solutions P O Box 30217 Bethesda MD 20924	Purpose of Disbursement Service Charges Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000 Amount of Each Disbursement This Period 286.40
Full Name, Mailing Address, and ZIP Code Payment Solutions P O Box 30217 Bethesda MD 20924	Purpose of Disbursement Service Charge Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/27/2000 Amount of Each Disbursement This Period 135.20
SUBTOTALS of Disbursements This Page (Optional)		
TOTALS This Period (last page this line number only)		721.60

SCHEDULE B		ITEMIZED DISBURSEMENTS		17 / 22
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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 Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 171.00	
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 171.00	
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 105.00	
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 105.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Clinton Sen NY (Transportation) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 62.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind McCarthy NY-04 (Transportation) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 62.00	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 277.25	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 277.25	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Transportation) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 21.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		18 / 22
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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 Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Transportation) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 21.00	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 110.00	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/12/2000	Amount of Each Disbursement This Period 110.00	
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 256.50	
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 256.50	
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 157.50	
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 157.50	
Full Name, Mailing Address, and ZIP Code Leigha Creehan 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Connelly NJ-07 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 379.00	
Full Name, Mailing Address, and ZIP Code Leigha Creehan 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Corzine Sen NJ (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 379.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		19 / 22
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code Leigha Creehan 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Connely NJ-07 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 184.00	
Full Name, Mailing Address, and ZIP Code Leigha Creehan 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Corzine Sen NJ (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 184.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Clinton Sen NY (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 92.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind McCarthy NY-04 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 92.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Connely NJ-07 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 154.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Corzine Sen NJ (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 154.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Stabenow Sen MI (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 154.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Bynum MI-08 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 154.00	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 277.25	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		20 / 22
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 277.25	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 21.00	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 21.00	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 110.00	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15h St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 110.00	
Full Name, Mailing Address, and ZIP Code Alpa Patel 211 E. Ohio #2522 Chicago IL 60611	Purpose of Disbursement In-kind Gash IL-10 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 386.00	
Full Name, Mailing Address, and ZIP Code Alpa Patel 211 E. Ohio #2522 Chicago IL 60611	Purpose of Disbursement In-kind Gash IL-10 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 210.00	
Full Name, Mailing Address, and ZIP Code Alpa Patel 211 E. Ohio #2522 Chicago IL 60611	Purpose of Disbursement In-kind Gash IL-10 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 286.00	
Full Name, Mailing Address, and ZIP Code Alpa Patel 211 E. Ohio #2522 Chicago IL 60611	Purpose of Disbursement In-kind Gash IL-10 (Phone) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 19.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	21 / 22
			FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Alpa Patel 211 E. Ohio #2522 Chicago IL 60611	Purpose of Disbursement In-kind Gash IL-10 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 8.00
Full Name, Mailing Address, and ZIP Code Alpa Patel 211 E. Ohio #2522 Chicago IL 60611	Purpose of Disbursement In-kind Gash IL-10 (Supplies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 8.00
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Stabenow Sen MI (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 452.00
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Byrum MI-08 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 452.00
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Stabenow Sen MI (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 144.00
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Byrum MI-08 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 144.00
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Stabenow Sen MI (Travel) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 22.75
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Byrum MI-08 (Travel) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 22.75
Full Name, Mailing Address, and ZIP Code Briana Stone 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Connelly NJ-07 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 428.50

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		22 / 22
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 23	
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NAME OF COMMITTEE (In Full) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code Briana Stone 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Corzine Sen NJ (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 428.50	
Full Name, Mailing Address, and ZIP Code Briana Stone 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Connelly NJ-07 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 262.50	
Full Name, Mailing Address, and ZIP Code Briana Stone 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Corzine Sen NJ (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 09/30/2000	Amount of Each Disbursement This Period 262.50	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			8599.50	