

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 48
12/07/2000 14 : 29

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
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination 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 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on 11/07/2000 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>10/20/2000</u> through <u>11/27/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		121326.00
(b) Cash on Hand at Beginning of Reporting Period	128772.31	
(c) Total Receipts (from line 19)	16686.15	170867.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	145438.46	292195.59
7. Total Disbursements (from line 30)	42576.27	188333.40
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	102662.19	102882.19
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 12/07/2000

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 10/20/2000	TO: 11/27/2000	
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)	12590.00	87814.00	11.a.i.
ii. Unitemized	4051.50	102843.80	11.a.ii.
iii. Total	16641.50	170457.80	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	16641.50	170457.80	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.)	24.65	409.79	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	16666.15	170867.59	19.
20. Total Federal Receipts	16666.15	170867.59	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	2975.76	22714.57	21.b.
c. Total Operating Expenditures	2975.76	22714.57	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	39000.51	180586.13	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	42576.27	189333.40	30.
31. Total Federal Disbursements	42576.27	189333.40	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	16641.50	170457.80	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	16641.50	170457.80	34.
35. Total Federal Operating Expenditures	2975.76	22714.57	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	2975.76	22714.57	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 48
			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. Bobbie Adams 1225 Pine Grove Rd Arma WV 25505	Name of Employer self	Date (month, day, year) 10/20/2000	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 > \$ 280.00		
Full Name, Mailing Address, and ZIP Code Ms. Harriet Allen 920 W. Toledo St. Bellingham WA 98226	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Nina Averbach 1810 S. Rittenhouse Sq. #1706 Philadelphia PA 19103	Name of Employer Univ. of Penn.	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Professor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Victoria Bain 5929 Vallejo St. Emeryville CA 94608	Name of Employer self	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Management Consultant		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Erminnie Bartelmez 506 Battles Road Gates Mills OH 44040	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Alicia Bawa 6 Preserve Drive Nashua NH 03064	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation unknown		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Patricia Bear 160 Hidden Creek Rd. Dillsburg PA 17019	Name of Employer United Airlines	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation pilot		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

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

Full Name, Mailing Address, and ZIP Code Ms. Barbara Beasley 481 Regimental Rd. King Of Prussia PA 19406 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Ms. Carol Beckstrom 575 Ranchitos Del Sol Aptos CA 95005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation teacher	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Ms. Rebecca Behrendt 3403 Field Avenue Anacortes WA 98221 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Cat's Pajamas, Inc	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation programmer	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Ms. Corrine Bengtson 100 Lockwood Ln #330 Scotts Valley CA 95066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Dr. Katherine Benson 612 West 5th Street Morris MN 56207 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Univ. of MN	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation psychologist	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Mr. John Douglas Bettencourt 442 Pebble Beach PL. Fullerton CA 92835 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Morningview Video	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retail Sales	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Ms. Roberta Binkley Utc. 615 McCallie Eng/Holt Chattanooga TN 37403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer 	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation unknown	Aggregate Year-to-Date > \$ 200.00	

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 Mr. Gerald Blum 1504 Dunluc Dr. Pittsburg PA 15227 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Bechtel	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation nuclear engineer		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Ms. Frances Bradshaw 123 Second Ave #703 Salt Lake City UT 84103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Marcile Broadley 35063 Beach Rd Capistrano Beach CA 92624 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Broadley-James Corp	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Treasurer		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Karen Brown 8513 E. Fairmount Ave. Scottsdale AZ 85251 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer County Home Loans, Inc.	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Loan Specialist		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Marlene Cannova 385 Talbot Ave #16 Pacifica CA 94044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Berman, Barkley & Lasky	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Paralegal		
	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Dr. Janet Canterbury 10700 SW 90th Ave Miami FL 33176 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Univ. of Miami	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Dean		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Jori Carlson 145 Highland St. #3-C Tauton MA 02780 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Comm. of Mass.	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Field Engineer		
	Aggregate Year-to-Date > \$ 250.00		

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. Leslie Carson 59 Maple Avenue New Providence NJ 07974	Name of Employer Occupation	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Mary Chalmers 1115 N. Mulberry St. #2 Mount Vernon OH 43050	Name of Employer Kenyon College Occupation professor	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Mr. David Chendler 9754 Bellder Drive Downey CA 90240	Name of Employer Occupation Retired	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Mr. Morgan Clark 158 Sunnyvale Ct. Somerset NJ 08873	Name of Employer Occupation	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Martha Cochran 46 Dublin Rd. Lansing NY 14802	Name of Employer Retired Occupation Retired	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Michel Coconis 547 Chers 07 SE #4K Grand Rapids MI 49503	Name of Employer Grand Valley State Univ. Occupation Assit. Professor	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 520.00		
Full Name, Mailing Address, and ZIP Code Mrs. Madeline Coffman 3900 N. Woodlwn Cc #7 Wichita KS 67220	Name of Employer unknown Occupation unknown	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
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 Mr. Daniel Couch 592 Minebank Rd. Middletown VA 22645	Name of Employer USAF	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired Military Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Carol Derricoi 440 Arguello Apt. 3 San Francisco CA 94118	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Editor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Mrs. Billie Daniel 333 Poppy Rd. Redlands CA 92373	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Barbara Daquinoq 2444 Weyfarer Court Chapel Hill NC 27514	Name of Employer Univ. of NC Hospitals	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Medical Technologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
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) 10/20/2000	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 > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Barbara Dearth 1070 Gloucester Harbor Schaumburg IL 60193	Name of Employer Alexian Brothers Med Center	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation medical technologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Harriet DeForest RR 1 Box 1612-16 Manchester Center VT 05255	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation unknown		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
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. Susan Dempaki 1203 Canary St. Round Rock TX 78681	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$	200.00
Full Name, Mailing Address, and ZIP Code Ms. Nancy Dornzin 640 Hook Rd. Farmington NY 14425	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$	250.00
Full Name, Mailing Address, and ZIP Code Ms. Gale Erbe 685 Bramleigh Lane Annapolis MD 21401	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$	200.00
Full Name, Mailing Address, and ZIP Code Ms. Sue Errington 3200 Brook Drive Muncie IN 47304	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$	500.00
Full Name, Mailing Address, and ZIP Code Ms. Tanya Evenoff 1960 Haddon St. Houston TX 77019	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$	200.00
Full Name, Mailing Address, and ZIP Code Ms. Darlene Ewing 1624 Cholaw Drive Mesquite TX 75149	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$	350.00
Full Name, Mailing Address, and ZIP Code Ms. Rosanna Falabella 26430 Chatham Court Hayward CA 94542	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
		Aggregate Year-to-Date > \$	500.00
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

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

Full Name, Mailing Address, and ZIP Code Ms. Mary Fontaine 13708 Christensen Rd. Gal CA 95632	Name of Employer Labat-Anderson, Inc	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 35.00
	Occupation legal investigator		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code Ms. Elaine Foster 1023 Aloueq Rd. Marquette MI 49855	Name of Employer US Army Reserve	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Military Officer		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Ms. Kim Gandy 733 15th Street NW Second Floor Washington DC 20005	Name of Employer NOW	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Executive VP		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 850.00			
Full Name, Mailing Address, and ZIP Code Ms. Gwen Gillis 2182 Via Robles Oceanside CA 92054	Name of Employer Retired	Date (month, day, year) 10/20/2000	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 > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Mr. Michael Gonzales 9808 Paseo Monalban #23 San Diego CA 92129	Name of Employer Anderson Print	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Computer Programmer		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Ms. Lucile Goodrich 2022 Granada Ave. San Diego CA 92104	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Ms. Roberta Goodrich 2022 Granada Ave San Diego CO 92104	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
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 / 48
			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 Mrs. Joy Gorson 801 Gillespie Drive Apt. # 42 Boulder CO 80305	Name of Employer Mockingbird Farms	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Oil Secretary		
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. Marilyn Griffin 2004 Charteroak Drive Prescott AZ 86305	Name of Employer Retired	Date (month, day, year) 10/20/2000	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 > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Alan Gross 70 Stanwick Court Somerset NJ 08873	Name of Employer Talcorda	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Statistechian		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Dr. Coleen Hanna 1232 Breckenridge Cir. Riva MD 21140	Name of Employer Balt. Gas & Elec	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Psychologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Connie Hannah 7467 Hampton Blvd. Norfolk VA 23505	Name of Employer Dept. of the Navy	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Business Analysis		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 625.00		
Full Name, Mailing Address, and ZIP Code Ms. Jean Harden 175 Imperial Southgate Villas Lakeland FL 33805	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Helen Houann 4500 Gilbert Street Apt 104 Oakland CA 94611	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		

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 / 48
			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. Elsa Johannesson 78 Purchase St. Ste 2R Rye NY 10580 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer DDC Publishing, Inc.	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Graphic Designer	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Ms. Beverly Johnson 1244 Georgetowne Ave. San Leandro 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) 10/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Ms. Karen Johnson 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 National Organization for Women	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	Occupation VP Membership	Aggregate Year-to-Date > \$ 570.00	
Full Name, Mailing Address, and ZIP Code Ms. Kathryn Johnson 822 Orchard St. Zanesville OH 43701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation unknown	Aggregate Year-to-Date > \$ 200.00	
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) 10/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Copy Technician	Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Ms. Janet Kalmbach 323 Beale Street Brocksville FL 34801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Ms. Betty Klein 175 W. 73rd St. 10-D New York NY 10023 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired	Aggregate Year-to-Date > \$ 200.00	

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	12 / 48
			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 Dr. Karen Klein 729 Locust Drive Davison MI 48423	Name of Employer McLaren Medical Management	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
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) 10/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Ms. Manuela Kramer 170 Kent Drive Saint Augustine FL 32086	Name of Employer Burns/Wells Fargo	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Security Guard		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 350.00		
Full Name, Mailing Address, and ZIP Code Ms. Dorothy Lee 4 Ruth Rd. Bloomington IL 61701	Name of Employer Retired	Date (month, day, year) 10/20/2000	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 > \$ 250.00		
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) 10/20/2000	Amount of Each Receipt this Period 25.00
	Occupation feminist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 875.00		
Full Name, Mailing Address, and ZIP Code Ms. Jennifer Lindahl 4 Oak Drive Sag Harbor NY 11963	Name of Employer Alex Desmond Building Contract	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00
	Occupation General Contractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Nancy Lund 306 Xanes Ave., North Minneapolis MN 55405	Name of Employer self	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
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 / 48
			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 Mr. Frederic Lurie 807 Park Terr. Dr. Nashville TN 37204	Name of Employer Allied Security	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Security Guard		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Diana Lynn 1604 Teri Way San Jose CA 95124	Name of Employer San Jose Univ.	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Speech/Lan. Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Maxine Margolis 1651 NW 22 Circle Gainesville FL 32605	Name of Employer Univ. of FL	Date (month, day, year) 10/20/2000	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 > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Leonor Ethel McAlpine 130 Parkhurst W. Detroit MI 48203	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 455.00		
Full Name, Mailing Address, and ZIP Code Ms. Julie McClanahan 14737 Rose Hollow Ln. Waterford VA 20197	Name of Employer Healthway Natural Food	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Bookkeeper		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Maureen McKeon 63 Hubert White Lake MI 48386	Name of Employer Chrysler Corp	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Computer Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 200.00		
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) 10/20/2000	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 > \$ 250.00		
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 / 48
			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 Mrs. Karen Morby 1704 Lakecreek Drive, apt. B Wheaton IL 60187	Name of Employer Church Landscape	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Senior Project Mgr.		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
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) 10/20/2000	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 > \$ 350.00			
Full Name, Mailing Address, and ZIP Code Dr. Edward Nol 615 Emmons Birmingham MI 48009	Name of Employer self	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	Occupation physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 500.00			
Full Name, Mailing Address, and ZIP Code Ms. Zoanne Nordstrom 370 Surrey St San Francisco CA 94131	Name of Employer Retired	Date (month, day, year) 10/20/2000	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 > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Ms. Alice Peacock 305 S. Steel Ontonagon MI 49853	Name of Employer 	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 200.00			
Full Name, Mailing Address, and ZIP Code Ms. Vresida Louise Rauch 33 Hiett Rd. Rochester NY 14826	Name of Employer Xerox	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Software Design Engineer		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 350.00			
Full Name, Mailing Address, and ZIP Code Ms. Bindu Raddy 100 Forest Pl. Apt 103 Oak Park IL 60301	Name of Employer Self	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Medical student		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		15 / 48
		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. 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 > \$ 350.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 35.00	
Full Name, Mailing Address, and ZIP Code Ms. Judith Russell 2428 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 > \$ 250.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Mr. James Russo 146 Koenig Rd. Bernville PA 19506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Partnership for Quality... Occupation Asso. Director Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Ms. Barbara Sakin 173 Meadbrook Rd. Garden City NY 11530 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer United Airlines Occupation Flight Attendant Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00	
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 > \$ 250.00	Date (month, day, year) 10/20/2000	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 > \$ 250.00	Date (month, day, year) 10/20/2000	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 > \$ 1000.00	Date (month, day, year) 10/20/2000	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	16 / 48
			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. Diane Silvers P.O.Box 1609 Mariposa CA 95338	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	10/20/2000	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Name of Employer unknown		Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period
Occupation unknown		Date (month, day, year) 10/20/2000	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Ms. Emilie Spielmann 2600 S. Syracuse Way. #11-104 Denver CO 80231		Name of Employer	Amount of Each Receipt this Period
Name of Employer unknown		Date (month, day, year) 10/20/2000	
Occupation unknown		Date (month, day, year) 10/20/2000	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Mr. Robert Strawhom 15819 Orizaba Ave. Paramount CA 90723		Name of Employer	Amount of Each Receipt this Period
Name of Employer Secorn		Date (month, day, year) 10/20/2000	
Occupation Computer Programmer		Date (month, day, year) 10/20/2000	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Ms. Michelle Stuhl P.O.Box 430 Shoken NY 12481		Name of Employer	Amount of Each Receipt this Period
Name of Employer Self		Date (month, day, year) 10/20/2000	
Occupation CEO		Date (month, day, year) 10/20/2000	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 800.00	
Full Name, Mailing Address, and ZIP Code Ms. Norma Thimot 4185 E. Broken Rock Loop Flagstaff AZ 86004		Name of Employer	Amount of Each Receipt this Period
Name of Employer 		Date (month, day, year) 10/20/2000	
Occupation Retired		Date (month, day, year) 10/20/2000	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 200.00	
Full Name, Mailing Address, and ZIP Code Ms. Barbara Timmer 2101 Connecticut Ave., NW Washington DC 20008		Name of Employer	Amount of Each Receipt this Period
Name of Employer My Prime Time		Date (month, day, year) 10/20/2000	
Occupation attorney		Date (month, day, year) 10/20/2000	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 825.00	
Full Name, Mailing Address, and ZIP Code Mr. Charles Tomkinson 9315 E. Center Avenue Apt. 3C Denver CO 80231		Name of Employer	Amount of Each Receipt this Period
Name of Employer 		Date (month, day, year) 10/20/2000	
Occupation Retired		Date (month, day, year) 10/20/2000	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		Aggregate Year-to-Date > \$ 200.00	
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	17 / 48
			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. Sara Toney 4015 Redford Rd Bethesda MD 20816 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	Retired		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Laura TrucanoHarp 195 N. Harbor Drive Apt 5204 Chicago IL 60601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	self		
	Aggregate Year-to-Date > \$ 2625.00		
Full Name, Mailing Address, and ZIP Code Ms. Victoria Vaughan 1014 W. Nicolet St. Banning CA 92220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	self		
	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Ms. Lucy Watson 411 Westmoreland Houston TX 77006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	Retired		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Anita Woodson 17236 James Lex Lane Morgan Hill CA 95037 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 20.00
	self		
	Aggregate Year-to-Date > \$ 200.00		
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	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 25.00
	Retired		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Gail Zimin 217 Barmen Hill Road Conshohocken PA 19426 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/20/2000	Amount of Each Receipt this Period 50.00
	psychologist		
	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	18 / 48
			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. Harriet Brittain 135 Warren Rd. 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) 10/26/2000	Amount of Each Receipt this Period 300.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Ms. Sarah Richardson 305 Beavertail Rd. Jamestown RI 02835 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 1000.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Yoriko Sanayoshi 13335 Mulholland Dr. Beverly Hills CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 300.00
	Occupation executive		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Ms. Jennifer Stanley PO Box 75 Oxford MA 01654 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 500.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Diane Welsh 623 11th St. Brooklyn NY 11215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 10/26/2000	Amount of Each Receipt this Period 250.00
	Occupation homemaker		
	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Dr. Cynthia Harris 1113 Salamanca NW Albuquerque NM 87107 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 500.00
	Occupation ret		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Bridgat Baird 28 Old Mill Rd. Quaker Hill CT 06375 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/10/2000	Amount of Each Receipt this Period 300.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 300.00		

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	19 / 48
			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. Betty Holling 15 Sylvan Avenue Chelmsford MA 01824 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/10/2000	Amount of Each Receipt this Period 500.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Bobbie Adams 1228 Pine Grove Rd Annsa WV 25505 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Homemaker		
	Aggregate Year-to-Date > \$ 315.00		
Full Name, Mailing Address, and ZIP Code Ms. Harriet Allen 920 W. Toledo St. Bellingham WA 98226 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Nina Averbach 1810 S. Rittenhouse Sq. #1708 Philadelphia PA 19103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Univ. of Penn.	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Professor		
	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Ms. Victoria Bain 5929 Vallejo St. Emeryville CA 94806 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Management Consultant		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Ermirnie Bartelmez 506 Battles Road Gates Mills OH 44040 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Alicia Beva 6 Preserve Drive Nashua NH 03064 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation unknown		
	Aggregate Year-to-Date > \$ 220.00		

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	20 / 48
			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. Patricia Bear 160 Hidden Creek Rd. Dillsburg PA 17010 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer United Airlines	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation pilot	Aggregate Year-to-Date \gg \$ 220.00	
Full Name, Mailing Address, and ZIP Code Ms. Barbara Beasley 461 Regimental Rd. King Of Prussia PA 19406 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired	Aggregate Year-to-Date \gg \$ 220.00	
Full Name, Mailing Address, and ZIP Code Ms. Carol Beckstrom 578 Ranchitos Del Sol Aptos CA 95003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation teacher	Aggregate Year-to-Date \gg \$ 220.00	
Full Name, Mailing Address, and ZIP Code Ms. Rebecca Behrendt 3403 Field Avenue Anacortes WA 98221 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Cat's Pajamas, Inc	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation programmer	Aggregate Year-to-Date \gg \$ 240.00	
Full Name, Mailing Address, and ZIP Code Ms. Corine Bengtson 100 Lockwood Ln #330 Scotts Valley CA 95066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired	Aggregate Year-to-Date \gg \$ 220.00	
Full Name, Mailing Address, and ZIP Code Dr. Katherine Benson 612 West 5th Street Morris MN 56267 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Univ. of MN	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation psychologist	Aggregate Year-to-Date \gg \$ 220.00	
Full Name, Mailing Address, and ZIP Code Mr. John Douglas Bettencourt 442 Pebble Beach PL. Fullerton CA 92835 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Morningview Video	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retail Sales	Aggregate Year-to-Date \gg \$ 220.00	
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	21 / 48
			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. Roberta Binkley Utc. 615 McCallie Eng/Hot Chattanooga TN 37403 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 220.00	
Full Name, Mailing Address, and ZIP Code Mr. Gerald Blum 1504 Dunlce Dr. Pittsburg PA 15227 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 420.00	
Full Name, Mailing Address, and ZIP Code Ms. Frances Bradshaw 123 Second Ave #703 Salt Lake City UT 84103 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 220.00	
Full Name, Mailing Address, and ZIP Code Ms. Harriet Brittain 135 Warren Rd. 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)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 600.00	
Full Name, Mailing Address, and ZIP Code Ms. Marcile Broadley 35063 Beach Rd Capistrano Beach CA 92624 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 550.00	
Full Name, Mailing Address, and ZIP Code Ms. Karen Brown 6313 E. Fairmount Ave. Scottsdale AZ 85251 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 275.00	
Full Name, Mailing Address, and ZIP Code Ms. Marlene Cannova 385 Talbot Ave #16 Pacifica CA 94044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 385.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		22 / 48
		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 Dr. Janet Canterbury 10700 SW 90th Ave Miami FL 33176	Name of Employer Univ. of Miami Occupation Dean	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.00			
Full Name, Mailing Address, and ZIP Code Ms. Jori Carlson 145 Highland St. #3-C Taunton MA 02780	Name of Employer Comm. of Mass. Occupation Field Engineer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 25.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 275.00			
Full Name, Mailing Address, and ZIP Code Ms. Leslie Carson 59 Maple Avenue New Providence NJ 07974	Name of Employer Occupation	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Ms. Mary Chalmers 1115 N. Mulberry St. #2 Mount Vernon OH 43050	Name of Employer Kenyon College Occupation professor	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Mr. David Chandler 9754 Bellder Drive Downey CA 90240	Name of Employer Occupation Retired	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Mr. Morgan Clark 136 Sunnyvale Ct. Somerset NJ 08875	Name of Employer Occupation	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Ms. Martha Cockram 46 Dublin Rd. Lansing NY 14892	Name of Employer Retired Occupation Retired	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 50.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.00			
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	23 / 48
			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 Mrs. Michel Coconis 547 Chers 87 SE #4K Grand Rapids MI 49503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Grand Valley State Univ.	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Assit. Professor	Aggregate Year-to-Date > \$ 570.00	
Full Name, Mailing Address, and ZIP Code Mrs. Madeline Coffman 3900 N. Woodlwn Cc #7 Wichita KS 67220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer unknown	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 25.00
	Occupation unknown	Aggregate Year-to-Date > \$ 275.00	
Full Name, Mailing Address, and ZIP Code Mr. Daniel Couch 592 Minebank Rd. Middletown VA 22645 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer USAF	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired Military Officer	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Ms. Carol Darnold 440 Arguelo Apt. 3 San Francisco CA 94118 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Editor	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Mrs. Billie Daniel 333 Poppy Rd. Redlands CA 92375 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Ms. Barbara Dequioag 2444 Wayfarer Court Chapel Hill NC 27514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Univ. of NC Hospitals	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Medical Technologist	Aggregate Year-to-Date > \$ 220.00	
Full Name, Mailing Address, and ZIP Code Mr. Howard Davidson 59 Club Drive San Carlos CA 94070 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Sou Microsystems	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Physicist	Aggregate Year-to-Date > \$ 275.00	

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	24 / 48
			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. Barbara Dearth 1070 Gloucester Harbor Schaumburg IL 60193	Name of Employer Alexan Brothers Med Cent- er	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation medical technologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Harriet DeForest RR 1 Box 1612-16 Manchester Center VT 05255	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation unknown		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Susan Dempski 1203 Canary St. Round Rock TX 78681	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation unknown		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Nancy Donzahn 640 Hook Rd. Farmington NY 14425	Name of Employer unknown	Date (month, day, year) 11/20/2000	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 > \$ 275.00		
Full Name, Mailing Address, and ZIP Code Ms. Gale Erbe 685 Bramleigh Lane Annapolis MD 21401	Name of Employer Anne Arundel County	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Graphic Artist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Sue Errington 3200 Brook Drive Muncie IN 47304	Name of Employer Planned Parenthood of E. Indiana	Date (month, day, year) 11/20/2000	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 > \$ 550.00		
Full Name, Mailing Address, and ZIP Code Ms. Tanya Evanoff 1960 Haddon St. Houston TX 77019	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
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	25 / 48
			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. 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) 11/20/2000	Amount of Each Receipt this Period 35.00
	Occupation attorney	Aggregate Year-to-Date > \$ 385.00	
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) 11/20/2000	Amount of Each Receipt this Period 50.00
	Occupation scientist	Aggregate Year-to-Date > \$ 550.00	
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) 11/20/2000	Amount of Each Receipt this Period 35.00
	Occupation legal investigator	Aggregate Year-to-Date > \$ 385.00	
Full Name, Mailing Address, and ZIP Code Ms. Elaine Foster 1023 Aloueq Rd. Marquette MI 49855 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer US Army Reserve	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Military Officer	Aggregate Year-to-Date > \$ 220.00	
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) 11/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Executive VP	Aggregate Year-to-Date > \$ 800.00	
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) 11/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Retired	Aggregate Year-to-Date > \$ 275.00	
Full Name, Mailing Address, and ZIP Code Mr. Michael Gonzales 9808 Paseo Monalban #23 San Diego CA 92129 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Anderson Print	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Computer Programmer	Aggregate Year-to-Date > \$ 220.00	

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	26 / 48
			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. Lucile Goodrich 2022 Granada Ave. San Diego CA 92104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	11/20/2000	
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Roberta Goodrich 2022 Granada Ave. San Diego CO 92104 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	11/20/2000	
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Joy Gorson 801 Gillaspie Drive Apt. # 42 Boulder CO 80305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Mockingbird Farms	11/20/2000	
	Aggregate Year-to-Date > \$ 470.00		
Full Name, Mailing Address, and ZIP Code Ms. Marilyn Griffin 2004 Charter Oak Drive Prescott AZ 86305 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	11/20/2000	
	Aggregate Year-to-Date > \$ 275.00		
Full Name, Mailing Address, and ZIP Code Ms. Alan Gross 70 Starwick Court Somerset NJ 08875 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Talordia	11/20/2000	
	Aggregate Year-to-Date > \$ 375.00		
Full Name, Mailing Address, and ZIP Code Dr. Coleen Hanna 1232 Breckenridge Cir. Riva MD 21140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Bak. Gas & Elec	11/20/2000	
	Aggregate Year-to-Date > \$ 220.00		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Dept. of the Navy	11/20/2000	
	Aggregate Year-to-Date > \$ 875.00		

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	27 / 48
			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 Mrs. Jean Harden 178 Imperial Southgate Villas Lakeland FL 33803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	11/20/2000	
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Dr. Cynthia Harris 1113 Salamanca NW Albuquerque NM 87107 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	self	11/20/2000	
	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Helen Houann 4500 Gilbert Street Apt 104 Oakland CA 94611 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	11/20/2000	
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Elsa Johannesson 78 Purchase St. Ste 2R Rye NY 10580 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	DDC Publishing, Inc.	11/20/2000	
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Beverly Johnson 1244 Georgetowne Ave. San Leandro CA 94579 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	11/20/2000	
	Aggregate Year-to-Date > \$ 275.00		
Full Name, Mailing Address, and ZIP Code Ms Karen Johnson 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	Date (month, day, year)	Amount of Each Receipt this Period
	National Organization for Women	11/20/2000	
	Aggregate Year-to-Date > \$ 620.00		
Full Name, Mailing Address, and ZIP Code Ms. Kathryn Johnson 822 Orchard St. Zanesville OH 43701 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	unknown	11/20/2000	
	Aggregate Year-to-Date > \$ 220.00		
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	28 / 48
			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 Mrs. Lynn Dee Johnson 700 Mountain Ave. Wineburg CA 95487	Name of Employer Xerox	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Copy Technician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 275.00			
Full Name, Mailing Address, and ZIP Code Ms. Janet Kahnbach 323 Beale Street Brooksville FL 34801	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Ms. Betty Klein 175 W. 73rd St. 10-D New York NY 10023	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Retired		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Dr. Karen Klein 729 Locust Drive Davison MI 48423	Name of Employer McLaren Medical Management	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Mr. John Douglas Kluge 1833 Crestview Drive New Ulm MN 56075	Name of Employer Acute Care Inc.	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 385.00			
Full Name, Mailing Address, and ZIP Code Ms. Manuela Kramer 170 Kent Drive Saint Augustine FL 32086	Name of Employer Burns/Wells Fargo	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Security Guard		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 385.00			
Full Name, Mailing Address, and ZIP Code Ms. Dorothy Lee 4 Ruth Rd. Bloomington IL 61701	Name of Employer Retired	Date (month, day, year) 11/20/2000	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 > \$ 275.00			
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	29 / 48
			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 Mr. Austin Lin 3835 20th Street San Francisco CA 94114	Name of Employer YAHOO! INC	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 25.00
	Occupation Feminist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Jennifer Lindahl 4 Oak Drive Sea Harbor NY 11963	Name of Employer Alex Desmond Building Contract	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 25.00
	Occupation General Contractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 275.00		
Full Name, Mailing Address, and ZIP Code Ms. Nancy Lund 306 Xanxes Ave., North Minneapolis MN 55405	Name of Employer self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Mr. Frederic Lurie 807 Park Terr. Dr. Nashville TN 37204	Name of Employer Allied Security	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Security Guard		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 220.00		
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) 11/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Speech/Lan. Pathologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 550.00		
Full Name, Mailing Address, and ZIP Code Ms. Maxine Margolis 1651 NW 22 Circle Gainesville FL 32605	Name of Employer Univ. of FL	Date (month, day, year) 11/20/2000	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 > \$ 275.00		
Full Name, Mailing Address, and ZIP Code Ms. Leonor Ethel McAlpine 130 Parkhurst W. Detroit MI 48203	Name of Employer	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 490.00		
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	30 / 48
			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 Mrs. Julie McClanahan 14737 Rose Hollow Ln. Waterford VA 20197	Name of Employer Healthway Natural Food	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Bookkeeper		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 220.00			
Full Name, Mailing Address, and ZIP Code Ms. Maureen McKeon 63 Hulbert White Lake MI 48386	Name of Employer Chrysler Corp	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Computer Analyst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 220.00			
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) 11/20/2000	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 > \$ 275.00			
Full Name, Mailing Address, and ZIP Code Ms. Karen Morby 1704 Lakewood Drive, apt. B Wheaton IL 60187	Name of Employer Church Landscape	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00
	Occupation Senior Project Mgr.		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 220.00			
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) 11/20/2000	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 > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Dr. Edward Nol 615 Emmons Birmingham MI 48009	Name of Employer self	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 50.00
	Occupation physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 550.00			
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) 11/20/2000	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 > \$ 275.00			
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	31 / 48
			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. Alice Peacock 305 S. Steel Ontonagon MI 49853 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	11/20/2000	
	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Ms. Vresida Louise Rauch 33 Hietl Rd. Rochester NY 14826 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Xerox	11/20/2000	
	Aggregate Year-to-Date > \$ 395.00		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Self	11/20/2000	
	Aggregate Year-to-Date > \$ 275.00		
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	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	11/20/2000	
	Aggregate Year-to-Date > \$ 395.00		
Full Name, Mailing Address, and ZIP Code Ms. Sarah Richardson 305 Beavertail Rd. Jamestown RI 02835 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Unknown	11/20/2000	
	Aggregate Year-to-Date > \$ 2000.00		
Full Name, Mailing Address, and ZIP Code Ms. Judith Russell 2428 Westside Drive N. Chili NY 14514 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	self	11/20/2000	
	Aggregate Year-to-Date > \$ 275.00		
Full Name, Mailing Address, and ZIP Code Mr. James Russo 146 Koerig Rd. Bernville PA 19506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Partnership for Quality...	11/20/2000	
	Aggregate Year-to-Date > \$ 220.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		32 / 48
		Use separate schedule(s) for each category of the Detailed Summary Page		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. Barbara Sakin 173 Meadbrook Rd. Garden City NY 11530 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer United Airlines Occupation Flight Attendant Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Ms. Yoriko Saneyoshi 13335 Mulholland Dr. Beverly Hills CA 90210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation executive Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 500.00	
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 Pace Personnel Occupation Graphic Artist Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 11/20/2000	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 > \$ 275.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Ms. Rebecca Shaw 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 > \$ 1100.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 100.00	
Full Name, Mailing Address, and ZIP Code Ms. Diane Sivers P.O.Box 1605 Mariposa CA 95338 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation unknown Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Ms. Emilie 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 Occupation unknown Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 25.00	
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	33 / 48
			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. Jennifer Stanley PO Box 75 Oxford MA 21654 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 1000.00	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 550.00	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 900.00	
Full Name, Mailing Address, and ZIP Code Ms. Norma Thimot 4185 E. Broken Rock Loop Flagstaff AZ 86004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 220.00	
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	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 875.00	
Full Name, Mailing Address, and ZIP Code Mr. Charles Tomikinson 9315 E. Center Avenue Apt. 3C Denver CO 80231 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 220.00	
Full Name, Mailing Address, and ZIP Code Ms. Sara Toney 4915 Redford Rd Bethesda MD 20816 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	11/20/2000	
	Aggregate Year-to-Date	\$ 220.00	
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		34 / 48
		Use separate schedule(s) for each category of the Detailed Summary Page		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. Laura TrucanoHarp 185 N. Harbor Drive Apt 5204 Chicago IL 60601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation homemaker Aggregate Year-to-Date > \$ 2875.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Ms. Victoria Vaughan 1014 W. Nicolet Str. Banning CA 92220 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation writer Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00	
Full Name, Mailing Address, and ZIP Code Ms. Lucy Watson 411 Westmoreland Houston TX 77006 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 > \$ 550.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Ms. Diane Welsh 623 11th St. Brooklyn NY 11215 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation homemaker Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 250.00	
Full Name, Mailing Address, and ZIP Code Ms. Anita Woodson 17236 James Lex Lane Morgan Hill CA 95037 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation unknown Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 20.00	
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 Occupation Retired Aggregate Year-to-Date > \$ 275.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 25.00	
Full Name, Mailing Address, and ZIP Code Dr. Gail Zimin 217 Barmen Hill Road Conshohocken PA 19426 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer psychologist Occupation self Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 11/20/2000	Amount of Each Receipt this Period 50.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)			12590.00	

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	35 / 48
			FOR LINE NUMBER 17
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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) 10/31/2000	Amount of Each Receipt this Period 24.65 Bank Interest
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > 5 402.27		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			24.65

SCHEDULE B		ITEMIZED DISBURSEMENTS		36 / 48
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 21B	
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 Halt, Thrasher, Buzas, LLP 99 Canal Center Plaza Suite 230 Alexandria VA 22314	Purpose of Disbursement Sept. Audit Bill Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 350.00	
Full Name, Mailing Address, and ZIP Code Production Plus 5020 Nicholson Ct. Suite 205 Kensington MD 20895	Purpose of Disbursement Printing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 2300.00	
Full Name, Mailing Address, and ZIP Code US Postal Service 900 Brentwood RD NE Washington DC 20066	Purpose of Disbursement Postage PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/26/2000	Amount of Each Disbursement This Period 150.00	
Full Name, Mailing Address, and ZIP Code Payment Solutions P O Box 30217 Bethesda MD 20824	Purpose of Disbursement Credit Card Processing Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 136.40	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				2936.40

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	37 / 48 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 Sommer Spector 733 15th St. Second Floor Washington DC 20005	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) 10/20/2000	Amount of Each Disbursement This Period 160.00
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	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) 10/20/2000	Amount of Each Disbursement This Period 160.00
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 (Gas) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 121.00
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 (Gas) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 121.00
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 (Supplies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 6.00
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 (Supplies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 6.00
Full Name, Mailing Address, and ZIP Code Robyn Williams 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Jordan KY-03 (Plane) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/20/2000	Amount of Each Disbursement This Period 224.00
Full Name, Mailing Address, and ZIP Code Ms Angela Arboleda 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Plane) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/23/2000	Amount of Each Disbursement This Period 190.00
Full Name, Mailing Address, and ZIP Code Ms Angela Arboleda 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/26/2000	Amount of Each Disbursement This Period 47.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B		ITEMIZED DISBURSEMENTS		38 / 48
		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 National Organization for Women 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Labels Betty McCollum Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/26/2000	Amount of Each Disbursement This Period 39.08	
Full Name, Mailing Address, and ZIP Code National Organization for Women 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Labels Joyce Harant Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/26/2000	Amount of Each Disbursement This Period 10.28	
Full Name, Mailing Address, and ZIP Code National Organization for Women 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Labels Lane Evans Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/26/2000	Amount of Each Disbursement This Period 9.15	
Full Name, Mailing Address, and ZIP Code Catherine Bitney 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Airfare) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/27/2000	Amount of Each Disbursement This Period 343.00	
Full Name, Mailing Address, and ZIP Code Catherine Bitney 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Supplies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/29/2000	Amount of Each Disbursement This Period 10.00	
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 (Supplies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/29/2000	Amount of Each Disbursement This Period 41.00	
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 (Supplies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/29/2000	Amount of Each Disbursement This Period 41.00	
Full Name, Mailing Address, and ZIP Code Ms Angela Arboleda 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Copies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/30/2000	Amount of Each Disbursement This Period 59.00	
Full Name, Mailing Address, and ZIP Code Ms Angela Arboleda 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Phoning exp.) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 10/31/2000	Amount of Each Disbursement This Period 14.00	
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

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ms Angela Arboleda 733 15th Street, NW Second Floor Washington DC 20005	In-kind Bloom FL-22 (postage) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/31/2000	15.00
Robyn Williams 733 15th St. NW Second Floor Washington DC 20005	In-kind Jordan KY-03 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	10/31/2000	12.00
TAMMY BALDWIN 525 RIVERSIDE DR MADISON WI 53704	Campaign Contribution (House - WI - 02) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/02/2000	1500.00
SUSAN BASS LEVIN 134 LUCERNA BLVD CHERRY HILL NJ 08003	Campaign Contribution (House - NJ - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/02/2000	1000.00
Elsine Bloom 1861 North Federal Hwy 306 Hollywood FL 33020	Campaign Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/02/2000	1000.00
SUSAN DAVIS PO BOX 84043 SAN DIEGO CA 92138	Campaign Contribution (House - CA - 49) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/02/2000	1500.00
JANE HARMAN 63 CREST ROAD EAST ROLLING HILLS CA 90274	Campaign Contribution (House - CA - 38) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/02/2000	1500.00
HERRMANN FOR CONGRESS PO BOX 154 ENOLA PA 17025	Campaign Contribution (House - PA - 17) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/02/2000	250.00
NANCY KEENAN P O BOX 9249 HELINA MT 59604	Campaign Contribution (House - MT - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	11/02/2000	1500.00

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	40 / 48
			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 MCCOLLUM FOR CONGRESS 2464 BURKE AVE E NORTH ST PAUL MN 55109	Purpose of Disbursement Campaign Contribution (House - MN - 04)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 2000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code PATSY T MINK 2135 RAYBURN HOUSE OFFICE BLDG WASHINGTON DC 50515	Purpose of Disbursement Campaign Contribution (House - HI - 02)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code O'SHAUGHNESSY FOR CONGRESS 3886 N HIGH STREET COLUMBUS OH 43214	Purpose of Disbursement Campaign Contribution (House - OH - 12)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 2500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code STEPHANIE HUNTER SANCHEZ 59 RIVERSIDE AVENUE STAMFORD CT 06905	Purpose of Disbursement Campaign Contribution (House - CT - 04)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code VIJI SARGIS 326 REDWOOD AVE PATERSON NJ 07522	Purpose of Disbursement Campaign Contribution (House - NJ - 08)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code GERRIE SCHIPSKI PO BOX 50038 LONG BEACH CA 90815	Purpose of Disbursement Campaign Contribution (House - CA - 38)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 1500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code REGINA SELTZER 30 SO BREWSTER LANE BELLPORT NY 11713	Purpose of Disbursement Campaign Contribution (House - NY - 01)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code LOUISE MCINTOSH SLAUGHTER 14 MANOR HILL DRIVE FAIRPORT NY 14450	Purpose of Disbursement Campaign Contribution (House - NY - 28)	Date (month, day, year) 11/02/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Catherine Bitney 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Copies)	Date (month, day, year) 11/03/2000	Amount of Each Disbursement This Period 42.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

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	41 / 48 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 Ms Angela Arboleda 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 446.00
Full Name, Mailing Address, and ZIP Code Ms Angela Arboleda 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 820.00
Full Name, Mailing Address, and ZIP Code Ms Angela Arboleda 733 15th Street, NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Car) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 544.00
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) 11/07/2000	Amount of Each Disbursement This Period 542.00
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 542.00
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 333.00
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 332.00
Full Name, Mailing Address, and ZIP Code Catherine Bitney 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 955.00
Full Name, Mailing Address, and ZIP Code Catherine Bitney 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 385.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B		ITEMIZED DISBURSEMENTS		42 / 48
		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 Catherine Bitney 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bloom FL-22 (Gas) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 35.00	
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 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 547.00	
Full Name, Mailing Address, and ZIP Code Leigha Creehan 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) 11/07/2000	Amount of Each Disbursement This Period 547.00	
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) 11/07/2000	Amount of Each Disbursement This Period 266.00	
Full Name, Mailing Address, and ZIP Code Leigha Creehan 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) 11/07/2000	Amount of Each Disbursement This Period 266.00	
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) 11/07/2000	Amount of Each Disbursement This Period 350.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Byrum MI-08 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 350.00	
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) 11/07/2000	Amount of Each Disbursement This Period 350.00	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Connelly NJ-07 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 350.00	
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	43 / 48
			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 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) 11/07/2000	Amount of Each Disbursement This Period 437.00
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) 11/07/2000	Amount of Each Disbursement This Period 437.00
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 874.00
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 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 874.00
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) 11/07/2000	Amount of Each Disbursement This Period 332.00
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) 11/07/2000	Amount of Each Disbursement This Period 333.00
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 (Parking) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 112.00
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 (Parking) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 112.00
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 (Gas) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 98.00

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	44 / 48
			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 (Gas) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 98.00
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 (Supplies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 14.00
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 (Supplies) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 14.00
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) 11/07/2000	Amount of Each Disbursement This Period 442.00
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) 11/07/2000	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 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 11.00
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) 11/07/2000	Amount of Each Disbursement This Period 15.00
Full Name, Mailing Address, and ZIP Code Emily Pleshe 733 15h St. NW 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) 11/07/2000	Amount of Each Disbursement This Period 433.00
Full Name, Mailing Address, and ZIP Code Emily Pleshe 733 15h St. NW 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) 11/07/2000	Amount of Each Disbursement This Period 433.00

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		45 / 48
		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 Emily Pleshe 733 15th St. NW 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) 11/07/2000	Amount of Each Disbursement This Period 190.00	
Full Name, Mailing Address, and ZIP Code Emily Pleshe 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bynum MI-08 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 190.00	
Full Name, Mailing Address, and ZIP Code Emily Pleshe 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Stabenow Sen MI (Plane) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 190.00	
Full Name, Mailing Address, and ZIP Code Emily Pleshe 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bynum MI-08 (Plane) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 190.00	
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) 11/07/2000	Amount of Each Disbursement This Period 600.00	
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) 11/07/2000	Amount of Each Disbursement This Period 190.00	
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 (Phone) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 44.00	
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bynum MI-08 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 600.00	
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Bynum MI-08 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 190.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B		ITEMIZED DISBURSEMENTS		46 / 48
		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 Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Byrum MI-08 (Phone) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 44.00	
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) 11/07/2000	Amount of Each Disbursement This Period 433.00	
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) 11/07/2000	Amount of Each Disbursement This Period 433.00	
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) 11/07/2000	Amount of Each Disbursement This Period 266.00	
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) 11/07/2000	Amount of Each Disbursement This Period 266.00	
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 (Phone) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 92.00	
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 (Phone) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 92.00	
Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW 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) 11/07/2000	Amount of Each Disbursement This Period 365.00	
Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW 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) 11/07/2000	Amount of Each Disbursement This Period 365.00	
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

FOR LINE NUMBER
23

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

<p>Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW Washington DC 20005</p>	<p>Purpose of Disbursement In-kind Stabenow Sen MI (Food)</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Disbursement This Period 160.00</p>
<p>Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW Washington DC 20005</p>	<p>Purpose of Disbursement In-kind Byrum MI-08 (Food)</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Disbursement This Period 160.00</p>
<p>Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW Washington DC 20005</p>	<p>Purpose of Disbursement In-kind Stabenow Sen MI (Airfare)</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Disbursement This Period 190.00</p>
<p>Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW Washington DC 20005</p>	<p>Purpose of Disbursement In-kind Byrum MI-08 (Airfare)</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Disbursement This Period 190.00</p>
<p>Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW Washington DC 20005</p>	<p>Purpose of Disbursement In-kind Stabenow Sen MI (Gas)</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Disbursement This Period 4.00</p>
<p>Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW Washington DC 20005</p>	<p>Purpose of Disbursement In-kind Byrum MI-08 (Gas)</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Disbursement This Period 4.00</p>
<p>Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW Washington DC 20005</p>	<p>Purpose of Disbursement In-kind Stabenow Sen MI (Phone)</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Disbursement This Period 51.00</p>
<p>Full Name, Mailing Address, and ZIP Code Deepa Varma 733 15th St. NW Washington DC 20005</p>	<p>Purpose of Disbursement In-kind Byrum MI-08 (Phone)</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Disbursement This Period 51.00</p>
<p>Full Name, Mailing Address, and ZIP Code Robyn Williams 733 15th St. NW Second Floor Washington DC 20005</p>	<p>Purpose of Disbursement In-kind Jordan KY-03 (Food)</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Date (month, day, year) 11/07/2000</p>	<p>Amount of Each Disbursement This Period 400.00</p>

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	48 / 48
			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 Robyn Williams 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Jordan KY-03 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 914.00
Full Name, Mailing Address, and ZIP Code Robyn Williams 733 15th St. NW Second Floor Washington DC 20005	Purpose of Disbursement In-kind Jordan KY-03 (Gas) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 11/07/2000	Amount of Each Disbursement This Period 20.00
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			39600.51