

SCHEDULE A
ITEMIZED RECEIPTS

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

 PAGE OF
110 161
FOR LINE NUMBER
11(a) (i)

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NAME OF COMMITTEE (In Full)
 Natural Law Party of the United States of America

A. Full Name, Mailing Address and Zip Code William Pollak 1115 East Madison Fairfield, IA 52556- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Veterinarian Aggregate Year-to-Date -> 175.00	Date (month, day, year) 07/28/1999	Amount of Each Receipt this Period 25.00
B. Full Name, Mailing Address and Zip Code William Pollak 1115 East Madison Fairfield, IA 52556- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Veterinarian Aggregate Year-to-Date -> 200.00	Date (month, day, year) 08/26/1999	Amount of Each Receipt this Period 25.00
C. Full Name, Mailing Address and Zip Code William Pollak 1115 East Madison Fairfield, IA 52556- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Veterinarian Aggregate Year-to-Date -> 225.00	Date (month, day, year) 09/27/1999	Amount of Each Receipt this Period 25.00
D. Full Name, Mailing Address and Zip Code William Pollak 1115 East Madison Fairfield, IA 52556- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Veterinarian Aggregate Year-to-Date -> 250.00	Date (month, day, year) 10/27/1999	Amount of Each Receipt this Period 25.00
E. Full Name, Mailing Address and Zip Code William Pollak 1115 East Madison Fairfield, IA 52556- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Veterinarian Aggregate Year-to-Date -> 275.00	Date (month, day, year) 12/02/1999	Amount of Each Receipt this Period 25.00
F. Full Name, Mailing Address and Zip Code William Pollak 1115 East Madison Fairfield, IA 52556- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Veterinarian Aggregate Year-to-Date -> 300.00	Date (month, day, year) 12/27/1999	Amount of Each Receipt this Period 25.00
G. Full Name, Mailing Address and Zip Code Lucile M. Portwood 1815 Hamilton Rd. Okemos, MI 48864-1812 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Aggregate Year-to-Date -> 1,250.00	Date (month, day, year) 08/09/1999	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)

1,150.00

TOTAL This Period (last page this line number only)