

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 DEC -7 P 4:37

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)

C00079541 102700 P

GLORIA A TOTTEN
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC
1156 15TH ST NW 7TH FLOOR
5TH FLOOR
WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER
C00079541

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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 |

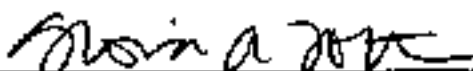
- 12-Day Pre-Election Report for the _____ (Type of Election)
election on _____ in the State of _____
- 30-Day Post-Election Report following the General Election
on 11/7/00 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>10/19/00</u> through <u>11/27/00</u>		
6.	(a) Cash on Hand January 1, 2000		\$ 310,536.03
	(b) Cash on Hand at Beginning of Reporting Period	\$ 939,371.07	
	(c) Total Receipts (from Line 19)	\$ 240,226.24	\$ 1,368,591.72
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 1,179,597.33	\$ 1,679,127.75
7.	Total Disbursements (from Line 30)	\$ 852,130.39	\$ 6351,661.01
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 327,466.94	\$ 327,466.74
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-884-1100
10.	Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$	

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
GLORIA A. TOTTEN

Signature of Treasurer


Date
12-7-00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X

(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE

NATIONAL ASSOCIATION AND ASSOCIATION RIGHTS ACTION LEAGUE PAC

REPORT COVERING PERIOD

FROM *10/19/00* TO *11/27/00*

	REPORT COVERING PERIOD		
	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	50,748.	241,782.00	11(a)(1)
ii. Unitemized	185,095.	1,089,242.30	11(a)(2)
iii. Total (add i and ii) >	235,843.	1,331,024.30	11(a)(3)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	0	10,000.	11(c)
d. Total Contributions (add a iii, b and c) >	235,843.	1,341,024.30	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	6,759.16	16
17. Other Federal Receipts (Dividends, Interest, etc.)	4383.24	20,808.25	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	240,226.24	1,368,591.72	19
20. Total Federal Receipts (subtract line 16 from line 19) >	240,226.24	1,368,591.72	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(1)
ii. Non-Federal Share			21(a)(2)
b. Other Federal Operating Expenditures	115,201.93	153,729.50	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	115,201.93	153,729.50	21(c)
22. Transfers to Affiliated/Other Party Committees	725,033.00	725,033.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,864.57	428,208.58	23
24. Independent Expenditures (use Schedule E)	80.89	34,239.73	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	7950.	10,450.	28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) >	7950.	10,450.	28(d)
29. Other Disbursements			29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	852,180.39	1,351,160.81	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	852,180.39	1,351,160.81	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	235,843.	1,341,024.30	32
33. Total Contribution Refunds (from line 28d)	7950.	10,450.	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	227,893.	1,330,574.30	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	115,201.93	153,729.50	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	115,201.93	153,729.50	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 21
FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL BLOOMBERG 17 E 79th ST NEW YORK, NY 10022	BLOOMBERG FINANCIAL NEWS	11/6/00	5,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EDITOR IN CHIEF	Aggregate Year-to-Date > \$ 5,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CANDACE CARROLL 1939 VIA CASA ALTA LA JOLLA CA 92037	REQUESTED	10/26/00	2000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 2,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELSIE CARTER 4011 KANAWHA AVE SE CHARLESTON WV 25304	SELF-EMPLOYED	11/8/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOME MANAGER	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SARAH EPSTEIN 5620 OREGON AVE NW WASHINGTON DC 20015	EFO CAPITAL MANAGEMENT, INC	11/1/00	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD GROSS 4821 32ND ST NW WASHINGTON DC 20008	ROSENMAN, COLIN LLP	10/20/00	825
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY	Aggregate Year-to-Date > \$ 2,475	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JOAN HOTCHKIS 900 S SAN RAFAEL PASADENA CA 91105	NONE	10/19/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOME MAKER	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DANIEL KIVEL 10 OLEAN PARK BLVD #5 SANTA MONICA CA 90405	REBOR PROPERTIES INC	10/23/00	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: INVESTMENTS/MANAGEMENT	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

10,325

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARION LLOYD 2506 ST. MARY'S RD LIBERTYVILLE IL 60048	NONE	10/19/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
VINCENT H MACCLINTOCK 119 GLOBIANO ST PORTOLA VALLEY CA 94028	REQUESTED	11/3/00	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 1000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GLADYS REISFELD 8538 NOTTINGHAM PL LA JOLLA CA 92037	REQUESTED	11/14/00	2000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 2000	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DEBORAH ROBBINS 45 BROOKRIDGE DR GREENWICH CT 06830	REQUESTED	11/8/00	5000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 5000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
EDMUND STANLEY PO BOX 75 OXFORD MD 21654	BOWNE + CO.	11/6/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHAIR	Aggregate Year-to-Date > \$ 1500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DOROTHY THATCHER PO BOX 30231 SEA ISLAND GA 31561	NONE	11/3/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 500	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NED WULIN RT 1 BOX 390 A FISHERSVILLE VA 22939	SELF-EMPLOYED	11/6/00	2000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PLANT NURSERY OWNER	Aggregate Year-to-Date > \$ 2000	

SUBTOTAL of Receipts This Page (optional)

11,250.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRENDA J. MATSON 330 S. QUINCE ST PHILADELPHIA PA 19107	MARCO OTT Occupation: SALES	10/30/00	600.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1900		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ELIZABETH VANDOR 26 LEORY AVE CARRYTOWN NY 10591	REQUESTED Occupation: REQUESTED	10/20/00	1000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOSEPHINE PALTIN 85 OTTOWA RD S MARLBORO NJ 07746	AVAYA INC Occupation: ENGINEERING MGR	10/30/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1150		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SARAH FRATES 3602 UNIV BLVD HOUSTON TX 77005	RICE UNIVERSITY Occupation: PSYCHOLOGIST	10/20/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DEBRA SHORE 9232 AVERS AVE EVANSTON IL 60203	REQUESTED Occupation: REQUESTED	10/20/00	500.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BARBARA GLEASON 4556 GLAYWOOD AVE LONG BEACH CA 90808	REQUESTED Occupation: REQUESTED	11/6/00	300.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 900		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BARBARA MEYERS 5101 OCEAN FRONT WALK MARINA DEL REY CA 90292	REQUESTED Occupation: REQUESTED	10/30/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 850.		

SUBTOTAL of Receipts This Page (optional)

3650

TOTAL This Period (last page this line number only)

SCHEDULE A

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NAME OF COMMITTEE (in Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOAN JEWETT 556 SUSAN DR KING OF PRUSSIA PA 19406	NONE	10/31/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 800	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SANDY MERRILL 145 E 74th ST #8A NEW YORK NY 10021	ACCESS PROJECT	10/27/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADMINISTRATOR	Aggregate Year-to-Date > \$ 800	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CARLA CASSANI 2 FREDERICK CT MENLO PARK CA 94025	REQUESTED	11/15/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 750	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DR. HENRY WHEELER 1594 CRESPO DR LA JOLLA CA 92037	NONE	11/7/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 700	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DR GEORGE DENNISTON 45 ROBBINS RD NORCLAND WA 98358	REQUESTED	10/30/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 700	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
EVELYN LANDGRAF 426 BELCHMONT ST DEARBORN MI 48124	NONE	10/19/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 650	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ELIZABETH COSBY 251 STILLBROOK ESTATE DR FENTON MO 63026	REQUESTED	10/31/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 600	

SUBTOTAL of Receipts This Page (optional)

2200.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUTH LOGUE 1841 CALIFORNIA ST NW WASHINGTON DC 20009	REQUESTED	10/19/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 600	
HARRIET BRITAIN 135 WARREN RD ITHACA NY 14850	NONE	11/6/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 600	
JO DIGGS WOODFORDS STATION PO BOX 6609 PORTLAND ME 04101	REQUESTED	11/3/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500	
JOANNE BING 975 PARK AVE #15C NEW YORK NY 10028	REQUESTED	10/20/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500	
LAURA SWIFT 2 KING CT MORRISTOWN NJ 07960	REQUESTED	10/27/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500	
MARYLEN APPEL PO BOX 4359 BARKENRIDGE CO 80424	REQUESTED	10/30/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500	
ELIZABETH ANGLIN PO BOX 250 BLACK MOUNTAIN NC	SELF	11/13/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ARTIST	Aggregate Year-to-Date > \$ 500	

SUBTOTAL of Receipts This Page (optional) **2600**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EMILY FAULKNER 10483 BALDY MTN RD SANDPOINT ID 83864	SELF	4/9/00	500.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FARMER/TEACHER	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TRACY KING 8 WALKER LN W HARTFORD CT 06117	HARTFORD HOSPITAL	10/27/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ADMINISTRATOR	Aggregate Year-to-Date > \$ 500	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK STUBBINS 31 ALLEN ST BROOKLINE MA 02445	REQUESTED	11/4/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DR. HARVEY ZAR 5600 BLISBANE DR CHAPEL HILL NC 27514	REQUESTED	4/9/00	200.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JUDITH HOCHMAN 79 W 254th ST APT BRONX NY 10471	REQUESTED	10/31/00	300.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
FLORENCE PRESCOTT 2551 CHUGA MESA BLVD EUGENE OR 97403	REQUESTED	10/27/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500.	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARLENE KAUFMAN 150 PARK AVE #9A NEW YORK NY 10128	SELF	11/2/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.S.W. - PSYCHO THERAPIST	Aggregate Year-to-Date > \$ 500.	

SUBTOTAL of Receipts This Page (optional)

2000.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
NANCY LYFORD-ORR 315 SEABURY DR BLOOMFIELD CT 06002	REQUESTED	10/20/00	500.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JUDY HAMBURGER 1 BEEK LN GREAT NECK NY 11024	REQUESTED	10/20/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
AVIS BOUTELL 50 BERNAL AVE MOUNTAIN VIEW CA 94038	NONE	10/20/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	Aggregate Year-to-Date > \$ 500.	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM RANDS 16045 KERCHEVAL AVE GARDEN POINT MI 48230	REQUESTED	11/3/00	500.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500.	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM McLOY 1311 DAYVIEW PL BERKELEY CA 94708	REQUESTED	11/22/00	500
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CLYDE WATSON PO BOX 82 PALMER KS 66962	SELF	10/31/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RANCHER	Aggregate Year-to-Date > \$ 400	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MAXINE RAPOPORT 2808 29th ST NW WASHINGTON DC 20008	REQUESTED	10/20/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 450.	

SUBTOTAL of Receipts This Page (optional)

2550.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CAMILLE KLEIN 1657 BELLAR RD VIENNA VA 22182	LOGICONS INZI Occupation: PROJECT ENGINEER	10/20/00	200.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANN KOPELOUSAS 7714 RIVER AVE GREEN CV SPRINGS FL 32043	REQUESTED Occupation: REQUESTED	10/20/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANGELIN ANDERSON 25010 OUTLOOK DR CARMEL CA 93923	SELF Occupation: MUSICIAN	11/3/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMY SHERMAN 215 W 92ND ST #10C NEW YORK NY 10025	REQUESTED Occupation: REQUESTED	10/31/00	200.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMBER DENKER 4321 TALUCA AVE TALUCA LAKE CA 91602	REQUESTED Occupation: REQUESTED	10/30/00	200.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 425.		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GWEN WISLER 499 NE WIZNER BLVD APT 3 BOCA RATON FL 33432	REQUESTED Occupation: REQUESTED	10/19/00	200.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ABBY VINCENT 10834 PICKFORD WAY CULVER CITY CA 90230	REQUESTED Occupation: REQUESTED	10/27/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.		

SUBTOTAL of Receipts This Page (optional)

1400.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DIANE SHUMAKER 1501 S LAKESTONE DR OLATHE KS 66061	REQUESTED	10/30/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 400	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SUSAN MARSHALL 5575 S NEWPORT ST ENGLEWOOD CO 80111	AT + T	11/8/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EXECUTIVE	Aggregate Year-to-Date > \$ 400	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. OAKLEY 3369 JACKSON ST SAN FRANCISCO CA 94118	REQUESTED	10/20/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 400	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH ROSENTHAL 31 THE GLEN AUGUST VALLEY NY 11560	NONE	11/15/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 400	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ELIZABETH DAKES PO BOX 429 STOCKBRIDGE MA 01262	SUSTEN RIGHTS CENTRAL PSYCHIATRIC	11/21/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PSYCHOLOGIST	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANE STRETSON 139 ELM ST NORWICH VT 05055	NONE	10/27/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HOME MAKER	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HARRIET ALLEN 920 W TOLEDO ST BELLINGHAM WA 98226	REQUESTED	11/2/00	50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional) 1200.

TOTAL This Period (last page this line number only)

SCHEDULE A

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

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SUSANNE BUXTON 1402 LYONS AVE ROYAL OAK MI 48073	REQUESTED	10/31/00	150.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CLAIRE SHERWOOD 88 CLIFFIELD RD BEDFORD NY 10506	REQUESTED	11/7/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PETER ELLISTON RR 3 BOX 174 GR. BARRINGTON MA 01230	REQUESTED	10/30/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RUTH PERLSON 200 E 57th ST #20-D NEW YORK NY 10022	REQUESTED	10/30/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MRS. DAVID SILBERT 221 HETHERSTONE WAY LANCASTER PA 17601	REQUESTED	11/7/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
MARGARET HARTE 3720 N LAKE SHORE DR CHICAGO IL 60613	REQUESTED	10/20/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SARAH TIPKA 1336 TERRACE RD NW NEW PHILA. OH 44663	REQUESTED	10/31/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	

SUBTOTAL of Receipts This Page (optional)

1050.

TOTAL This Period (last page this line number only)

SCHEDULE A

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

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JANE HOSTICKA FINK 10304 GREENWOOD PL OAKTON VA 22124	REQUESTED	10/31/00	150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MONICA BAUER 7095 E ILIFF AVE DENVER CO 80224	REQUESTED	10/31/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUTH ALEXANDER 122 SYLVAN CT FT. COLLINS CO 80521	COLORADO STATE UNIV.	10/19/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PROFESSOR / DEPT. CHAIR	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GENOLA ENGELHART 6000 SANTA ROSA RANO #263 CARMELLO CA 93013	REQUESTED	11/2/00	150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVE KLEIMAN 157 EL MONTE CT LOS ALTOS CA 94022	NETWORK APPLIANCE	11/7/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.T.O.	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LILLIAN BARNES, TRUSTEE 4021 PACHECO DR NORTH HOLLYWOOD CA 91603	REQUESTED	10/25/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AMY RICH 594 HAWKINS RD ORANGE CT 06477	REQUESTED	10/31/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 236	

SUBTOTAL of Receipts This Page (optional)

1100.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LEIAH KLOTZ 838 RORKE WAY PALO ALTO CA 94303	REQUESTED	10/31/00	50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 235	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PAT PATTERSON 54 R. INA RIDGE RD LITTLE ROCK AR 72227	REQUESTED	10/30/00	50.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 230.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DR. THEODORE NADELSON 30 AMORY ST BROOKLINE MA 02446	REQUESTED	10/31/00	225.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 225.	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DR. KENNETH ZIEDMAN 921 MENDOLINO AVE BERKELEY CA 94707	SELF	11/9/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CONSULTANT	Aggregate Year-to-Date > \$ 225.	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KAREN GOODHART 924 WEST END AVE #32 NEW YORK NY 10025	REQUESTED	10/30/00	125.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 225.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BETTY HERVEY 6261 CAMINO ALLEGRE DR EL PASO TX 79912	REQUESTED	10/6/00	125.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: REQUESTED	Aggregate Year-to-Date > \$ 225.	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
LINDA SCARFE 2507 WETHERWOOD CT ADELPHI MD 20783	SELF	11/7/00	25.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CONSULTANT	Aggregate Year-to-Date > \$ 225	

SUBTOTAL of Receipts This Page (optional) 700.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NANCY TANDON 10 BONITO AVE E. FALMOUTH MA 02536	REQUESTED	10/20/00	75.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 225.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAY FRANCIS 4617 RIVER RD SODUS MAI 49126	REQUESTED	11/13/00	84.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 218	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICKEY KOLODNY 1437 3rd ST MANHATTAN BEACH CA 90266	REQUESTED	11/6/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 215.	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
REGINA TATES 13730 CUMPTON ST SARASOTA OAKS CA 91401	REQUESTED	10/25/00	107.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 214.	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DEBRA CACH 5120 MARIS AVE #401 ALEXANDRIA VA 22304	N.L.B.A.	11/10/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation EXECUTIVE DIRECTOR	Aggregate Year-to-Date > \$ 210.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BARBARA EVES 8479 STONE CLOUD COLUMBIA MD 21045	REQUESTED	10/20/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 210.	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WENDY SOLOMON 9 BLUE ROCK CT COSTA MADERA CA 94925	REQUESTED	10/30/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 210.	

SUBTOTAL of Receipts This Page (optional) 666.

TOTAL This Period (last page this line number only)

SCHEDULE A

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

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John C. Gray 176 Kane St. Brooklyn NY 11231	requested	11/1/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested	Aggregate Year-to-Date > \$ 300	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ms. Kathryn L. Kirkland 13713 Tejanah Ct Coppock Christi, TX 78418	Self employed	6/1/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 300	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dr. David Cowen 211 E. 70th St. New York, NY 10021	requested	11/2/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested	Aggregate Year-to-Date > \$ 300	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ms. Phyllis R. Kline 22 Roland Ct Baltimore MD 21204	requested	11/18/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested	Aggregate Year-to-Date > \$ 275	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ms. Kathleen Manson 624 Pine St. Boulder CO 80302	requested	10/20/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested	Aggregate Year-to-Date > \$ 275	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Linda H. Bortiz 404 E S. Croskey St. Philadelphia PA 19146	self employed	11/6/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested	Aggregate Year-to-Date > \$ 273	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ms. Charlotte Fahn 155 Edgars Lane Hastings-On-Hud NY 10706	requested	11/6/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional)

1350.

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SCHEDULE A

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code Ms. Mabel Russell 770 Taylor Rd #103 Springfield, OR 97477 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > \$ 300	Date (month, day, year) 10/23/00	Amount of Each Receipt this Period 200
B. Full Name, Mailing Address and ZIP Code Ms. Peggy H. Sacolas 98 Village Rd Roslyn Heights, NY 11577 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer requested Occupation requested Aggregate Year-to-Date > \$ 350	Date (month, day, year) 10/19/00	Amount of Each Receipt this Period 350
C. Full Name, Mailing Address and ZIP Code Ms Florence Kingdon 4 Vanard Dr Roslyn, NY 11576 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer requested Occupation requested Aggregate Year-to-Date > \$ 300	Date (month, day, year) 11/9/00	Amount of Each Receipt this Period 300
D. Full Name, Mailing Address and ZIP Code Jon A. M. Mills 86 Oakford Rd Hayme, PA 19087 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer requested Occupation requested Aggregate Year-to-Date > \$ 300	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period 200
E. Full Name, Mailing Address and ZIP Code Mrs Ruth Graf 212 Kendal Dr Oberlin, OH 44074 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer requested Occupation requested Aggregate Year-to-Date > \$ 300	Date (month, day, year) 11/3/00	Amount of Each Receipt this Period 150
F. Full Name, Mailing Address and ZIP Code Ms. Diana J. Stauffer 3322 Lindal Vista Dr SE Albuquerque, NM 87106 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed Occupation requested Aggregate Year-to-Date > \$ 300	Date (month, day, year) 11/7/00	Amount of Each Receipt this Period 300
G. Full Name, Mailing Address and ZIP Code Ms. Victoria Thrane PO. Box 13 South Woodstock, VT 05071 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer requested Occupation requested Aggregate Year-to-Date > \$ 300	Date (month, day, year) 11/8/00	Amount of Each Receipt this Period 100

SUBTOTAL of Receipts This Page (optional)

1550

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RANAKA BERKOVICH 21 Eucalyptus Lane San Rafael, CA 94901	Backmoch and Yaf Inc Consultant	10/30/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Eugene Weisfield 837 Colonias Composites Burlingame, NM 87001	requested	10/30/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested Aggregate Year-to-Date > \$ 300		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. Jeffrey Lyons 237 Upper Station Drive Kentfield, CA 94904	Charles Schwab and Co Inc Executive	10/23/00	150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Jessica Zachs 53 Norwood Rd West Hartford, CT 06117	requested	10/19/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested Aggregate Year-to-Date > \$ 300		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Mary C. Neill 1730 Martin Way Newport Beach, CA 92660	None	11/17/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: retired Aggregate Year-to-Date > \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Simon P. Joyaux 10 Johnson Rd Foster, RI 02825	requested	10/31/00	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Renee Lewis 440 Kellie Ann Court Orinda, CA 94563	requested	11/7/00	150
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: requested Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional)

1300.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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 ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Paul Dewald 60 Conway Lane St. Louis, MO 63124-1203	None Housewife	10/23/00	800
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Deborah Weir 1144 S.W.E. 6th Ave. Miami, FL 33161-6214	requested	10/30/00	150
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation requested Aggregate Year-to-Date > \$ 325		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Hilda Martin 201 E. 79th St. #11C New York, NY 10021-0844	requested	11/1/00	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation requested Aggregate Year-to-Date > \$ 300		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Aniva Sella 131 E. 64th St New York, NY 10021-7004	requested	11/22/00	300
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation requested Aggregate Year-to-Date > \$ 350		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Ruth Robinson 40 E 89th St. #14-B New York, NY 10128-1224	requested	10/31/00	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation requested Aggregate Year-to-Date > \$ 300		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Anne Klein 1900 Consulate Pl #1001 West Palm Beach, FL 33401	requested	11/2/00	150
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation requested Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ms. Jesse W. Kehres 25623 West Camino Vista Hayward, CA 94541-5651	None retired	11/1/00	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 300		

SUBTOTAL of Receipts This Page (optional) 1500

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. J. Guthrie 3027 Highland St. Allentown, PA 18104-3555	requested Occupation requested Aggregate Year-to-Date > \$ 400	10/31/00	400
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ms. Sue Fisher 16913 South Bellaine way Littleton, CO 80121-3171	requested Occupation requested Aggregate Year-to-Date > \$ 200	10/31/00	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ms. Shellen K. Honeychuck 5311 Richardson Dr. Fairfax, VA 22032-3931	McGuire, Woods, Battie Occupation Paralegal Aggregate Year-to-Date > \$ 300	10/31/00	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mrs. Karen Bandy 130 Cedar St Birchwood, MN 5510-1838	The Travel Company Occupation Manager Aggregate Year-to-Date > \$ 250	11/14/00	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ms. Margaret A. Ruoff 2213 Regent St. Madison, WI 53705-5321	requested Occupation requested Aggregate Year-to-Date > \$ 350	10/20/00	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Madeline Arnsperger 60 E. 89th St. #23A New York, NY 10128-1225	requested Occupation requested Aggregate Year-to-Date > \$ 350	10/26/00	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Dr. Loralee Marsh 35 E. main St. Hudson, OH 44230-3004	requested Occupation requested Aggregate Year-to-Date > \$ 350	10/31/00	200
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 1750

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DORIS PERKINS 24615 HEATHER HEIGHTS SARATOGA CA 95070	REQUESTED	10/8/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
KAREN ELTING 18 BAUGHAN RD ONTARIO NY 13820	REQUESTED	10/20/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BEVERLY SMITH 3255 ROUND LAKE HWY MANITOW BEACH WI 49253	REQUESTED	10/20/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CAROL WATTS 448 KNOW DR LOS ANGELES CA 90024	REQUESTED	10/20/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DONOTHY McCAGG 680 ANGELL ST PROVIDENCE RI 02906	REQUESTED	10/23/00	200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JANET LEVINGAR 4050 134th AVE NE BELLEVUE WA 98005	REQUESTED	11/22/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JANICE HUSABECK 26693 CASSIDY LN DAVIS CA 95616	NONE	11/27/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HOMEMAKER	Aggregate Year-to-Date > \$ 250.00	

SUBTOTAL of Receipts This Page (optional)

7400

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAK

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SALLY COLE 500 COUNTRY CLUB DR GREENSBORO NC 27408	NONE	11/7/00	107
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VOLUNTEER/ACTIVIST	Aggregate Year-to-Date > \$ 207	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALISON CONTRIL 450 E 34th AVE EUGENE OR 97405	REQUESTED	10/21/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 205	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAYLE FISCHER 1211 SILVERTON CT AUSTIN TX 78753	REQUESTED	10/30/00	50.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 202	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ARNOLDUS GOUDMIT 100 HAHNEMANN TR #374 PERSEFORD NY 14534	REQUESTED	11/1/00	250
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CLEANER	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUTH WEINREB 35 BRANDO DR MT KISCO NY 10549	REQUESTED	11/13/00	100.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROSABELLE TOBREINER 1661 PINE ST #811 SAN FRANCISCO CA 94109	REQUESTED	10/20/00	250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MS. L. BRENSON 36 FOREST PARK AVE LARCH MONT NY 10538	REQUESTED	11/7/00	100
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation REQUESTED	Aggregate Year-to-Date > \$ 250.	

SUBTOTAL of Receipts This Page (optional)

957

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

NATIONAL ABORTION AND REPRODUCTIVE RIGHTS ACTION LEAGUE PAK

A. Full Name, Mailing Address and ZIP Code 15088 McLENNAN 370 CIRCLE WAY BONNER CREEK, CA 95006	Name of Employer REQUESTED Occupation REQUESTED	Date (month, day, year) 10/20/00	Amount of Each Receipt this Period 250.
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code			
C. Full Name, Mailing Address and ZIP Code			
D. Full Name, Mailing Address and ZIP Code			
E. Full Name, Mailing Address and ZIP Code			
F. Full Name, Mailing Address and ZIP Code			
G. Full Name, Mailing Address and ZIP Code			

SUBTOTAL of Receipts This Page (optional)	250
TOTAL This Period (last page this line number only)	50,748

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code First Union 1425 K St., NW Washington, DC 20005- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer INTEREST INCOME	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 4,383.24
	Occupation		

SUBTOTAL of Receipts This Page (optional)	4,383.24
TOTAL This Period (last page this line number only)	4,383.24

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 3
	FOR LINE NUMBER 21b

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Allied Envelope Company PO Box 6306 455 Washington Ave Carlstadt, NJ 07072-	Printing for fundraising mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	1,675.52
ColorTree PO Box 18160 Herrifield, VA 22118-0160	Printing for fundraising mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	233.00
Devonshire Imaging, Inc. 11507 Sunset Hill Rd Reston, VA 20190-	Printing for fundraising mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	1,506.20
Direct Advantage Marketing 5601 Hobart St Pittsburgh, PA 15217-	Telemarketing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	417.50
Executive Marketing Service 184 Shuman, Suite 300 Naperville, IL 60563	Phone match for fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	1,829.41
Executive Marketing Service 184 Shuman, Suite 300 Naperville, IL 60563-	Phone match for fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	373.68
Factor Direct Ltd 1900 Avenue of the Stars Los Angeles, CA 90067-	Telemarketing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	9,999.01

SUBTOTAL of Disbursements This Page (optional)	16,034.30
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Any information reported from such reports and statements may not be sold or used by any person for the purpose of soliciting contributions or for campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Factor Direct Ltd 1900 Avenue of the Stars Los Angeles, CA 90067-	Telemarketing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	2,200.66
First Union 1425 K St., NW Washington, DC 20005-	Bank fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/31/2000	5,233.90
Malchow Adams & Hussey 1400 I Street, NW Suite 650 Washington, DC 20005-	Consulting fee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/27/2000	5,000.00
Omni Print, Inc. 9700 Philadelphia Court Lanham, MD 20706-	Printing for fundraising mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	1,759.37
Parker Mailing Service 3800 West St Ryattsville, MD 20785-	Mailhouse services for fundraising Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	915.46
Postmaster Washington, DC 20003-	Postage for fundraising mailing Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	4,000.00
Share Group, Inc. 99 Dover Street Somerville, MA 02144-	Telemarketing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	63,289.13

SUBTOTAL of Disbursements This Page (optional)	82,404.52
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Share Group, Inc. 99 Dover Street Schererville, IN 02144-	Telomarketing fees Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/15/2000	16,617.50
UNITAMIZED	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	145.61
	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	
	 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	16,763.11
TOTAL This Period (last page this line number only)	115,201.98

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NARAL, Inc. 1156 15th St., NW Suite 700 Washington, DC 20005-	Transfer to NARAL, Inc. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/27/2000	500,000.00
NARAL, Inc. 1156 15th St., NW Suite 700 Washington, DC 20005-	Transfer to NARAL, Inc. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/02/2000	225,033.00
		/ /	
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SUBTOTAL of Disbursements This Page (optional)	725,033.00
TOTAL This Period (last page this line number only)	725,033.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (in full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tammy Baldwin for Congress PO Box 696 Madison, WI 53701-	House-WI-2*Inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	53.67 MEMO
Becerra for Congress P.O. Box 75214 Washington, DC 20013-	House-CA-30 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/20/2000	1,000.00
Ken Bentsen for Congress 5165 Morningside #301 Houston, TX 77005-	House-TX-25*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	75.00 MEMO
Bob Brady for Congress PO Box 22471 Philadelphia, PA 19110-	House-PA-1*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	352.84 MEMO
Friends of Sherrod Brown 111 Edgefield Drive Elyria, OH 44035-	House-OH-13*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	89.65 MEMO
Michael Capuano for Congress Cmte PO Box 440305 Somerville, MA 02144-	House-MA-8*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	27.22 MEMO
Ted Celeste 2000.com 1395 Grandview Ave Ste 14 Columbus, OH 43212-	OH Sen*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	89.66 MEMO

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

One separate schedule(s) for each category of the Detailed Summary page	PAGE	OF
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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Colorado NARAL 1660 Gilpin St Denver, CO 80218-	payment for federal portion of voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/2000	18.00 IN KIND
Connecticut NARAL 135 Broad St Hartford, CT 06106-	payment for federal portion of voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	410.00 IN KIND
Coyne for Congress 307 Halket St Pittsburgh, PA 15213-	House-PA-14*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	352.84 MEMO
DeGetts for Congress P.O. Box 75214 Washington, DC 20013-	House-CO-1*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	18.00 MEMO
Friends of Rosa DeLauro 5501 Cherokee Ave., #112 Alexandria, VA 22312-	House-CT-3*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	85.00 MEMO
Delahunt for Congress 500 Victory Rd. Quincy, MA 02171-	House-MA-10*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	27.22 MEMO
Lloyd Doggett for Congress PO Box 5843 Austin, TX 78763-	House-TX-10*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	75.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	428.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (In Full)

Full Name, mailing address and zip code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Chaka Fattah for Congress 2003 Walnut, 1st Floor Philadelphia, PA 19103-	House-PA-2*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	352.84 MEMO
Barney Frank for Congress Cmte PO Box 260 Newtonville, MA 02160-	House-MA-4*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	27.22 MEMO
Martin Frost Campaign Committee P.O. Box 75214 Washington, DC 20013-	House-TX-24*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	75.00 MEMO
GARAL PO Box 5589 Atlanta, GA 31107-0589	payment for federal portion/voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/2000	54.00 IN KIND
Gejdenson Re-Election Committee 5501 Cherokee Avenue Suite 112 Alexandria, VA 22312-	House-CT-2*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	85.00 MEMO
Charlie Gonzalez Cong. Cmte. P.O. Box 12612 San Antonio, TX 78212-	House-TX-20*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	75.00 MEMO
Sheila Jackson Lee P.O. Box 75214 Washington, DC 20013-	House-TX-18*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	75.00 MEMO

SUBTOTAL of Disbursements This Page (optional)	54.00
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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Re-Elect Nancy Johnson to Congress Comm. P.O. Box 1986 New Britain, CT 06050-	House-CT-2*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/2000	85.00 MEMO
Kennedy for Senate 426 C Street NE Washington, DC 20002-	MA Sen*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/2000	27.22 MEMO
Larson for Congress 52 Buckingham St Hartford, CT 06106-	House-CT-1*inclusion in CT voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/2000	85.00 MEMO
Lewis for Congress 1520 Pinetrest Dr SW Atlanta, GA 30311-	House-GA-5*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/17/2000	27.00 MEMO
Joe Lieberman 2000 PO Box 231294 State House Square Hartford, CT 06123-	CT-Sen*inclusion in CT voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/2000	135.00 MEMO
Ed Markey for Congress Cmte PO Box 526 Medford, MA 02155-	House-MA-7*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/2000	27.22 MEMO
Mass. NARAL 41 Winter St Ste 65 Boston, MA 02116-	payment for federal portion of voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	11/03/2000	217.76 IN KIND

SUBTOTAL of Disbursements This Page (optional)	217.76
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
McGovern for Congress PO Box 405 Worcester, MA 01606-	House-MA-3*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	27.22 MEMO
McKinney for Congress PO Box 371135 Decatur, GA 30037-	House-GA-4*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/17/2000	27.00 MEMO
Minnesota NARAL 550 Rice St Saint Paul, MN 55103-	payment for voter guide reprint Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	200.00 IN KIND
Minnesota NARAL 550 Rice St Saint Paul, MN 55103-	payment for federal portion of voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	44.00 IN KIND
Ohio NARAL 760 East Broad Street Columbus, OH 43205-	payment for federal portion of voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	358.62 IN KIND
Olver for Congress 38 Ivy Street, SE Washington, DC 20003-	House-MA-1*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	27.22 MEMO
PA NARAL 225 S. 15th Street, Suite 300 Philadelphia, PA 19102-	payment for federal portion/voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/20/2000	1,058.52 IN KIND

SUBTOTAL of Disbursements This Page (optional)	1,881.14
TOTAL This Period (last page this line number only)	

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ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Rodriguez for Congress PO Box 14528 San Antonio, TX 78214-	House-TX-28*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	75.00 MEMO
Martin Sabo for Congress Cmte PO Box 14791 Minneapolis, MN 55417-	House-MN-5*reprint of voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/16/2000	200.00 MEMO
Martin Sabo for Congress Cmte PO Box 14791 Minneapolis, MN 55417-	House-MN-5*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	44.00 MEMO
Tom Sawyer Committee 492 Grant St Akron, OH 44311-	House-OH-14*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	29.65 MEMO
TARAL PO Box 684602 Austin, TX 78768-	payment for federal portion of voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	450.00 IN KIND
John Tierney for Congress 133 Washington St Salem, MA 01970-	House-MA-6*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	27.22 MEMO
Stephanie Tubbs Jones for Congress 2201 Stokes Boulevard Cleveland, OH 44106-	House-OH-11*inclusion in voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	89.66 MEMO

SUBTOTAL of Disbursements This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wisconsin NARAL 611 N Broadway Ste 410 Milwaukee, WI 53202-	payment for federal portion of voter guide Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/03/2000	53.67 IN KIND
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period
Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	/ /	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	53.67
TOTAL This Period (last page this line number only)	3,864.57

(See Reverse side for Instructions)

NAME OF COMMITTEE (In Full)				
A. Full Name, Mailing address and Zip Code of each payee	Purpose of Expenditure	Date (month, day, year)	Amount	Name of Federal Candidate supported or opposed by the Expenditure & office sought
Mass. NARAL 41 Winter St Ste 65 Boston, MA 02116-	Payment: inclusion in voter guide	11/03/2000	27.22	Meehan MA-01 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Wisconsin NARAL 611 N Broadway Ste 410 Milwaukee, WI 53202-	Payment: inclusion in voter guide	11/03/2000	53.67	Kohl WI-Senate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		/ /		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose

(a) SUBTOTAL of Itemized Independent Expenditures	90.89	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		90.89

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

Subscribed and sworn to before me this 7 day of December, 2000.
By Commission Expires: _____

My Commission Expires September 30, 2002

David J. [Signature]
Signature

12-7-00
Date



SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Andrew & Denise Goldfarb Family Fdn 14170 Chandler Blvd Van Nuys, CA 91401-	Refund of contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/25/2000	1,000.00
Robbins Family Fdn Inc. 3 Pickwick Plaza Greenwich, CT 06830-	Refund of contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/2000	5,000.00
Margery Stone RR 1 Box 148 Shelcocks, PA 15774-9633	Refund of contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/15/2000	1,450.00
Lynne Cihlein 660 E Mason St Milwaukee, WI 53202-	Refund of Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/19/2000	500.00
		/ /	
		/ /	
		/ /	

SUBTOTAL of Disbursements This Page (optional)	7,950.00
TOTAL This Period (last page this line number only)	7,950.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 12/7/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>J. A. de</i> PREPARER	 12/7/00 DATE PREPARED