

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

1 / 18
09/20/2000 11 : 31

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid-Year Report (Non-election Year Only)
- Termination report
- Monthly Report Due On:
- | | | |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input checked="" type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |
- Twelfth day report preceding _____
(election type) _____
election on _____ In the State of _____
- Thirtieth day report following the General Election
on _____ 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>08/01/2000</u> through <u>08/31/2000</u>		
6. (a) Cash on Hand, January 1, <u>2000</u>		121326.00
(b) Cash on Hand at Beginning of Reporting Period	84610.41	
(c) Total Receipts (from line 19)	31718.89	70002.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	116329.30	191330.65
7. Total Disbursements (from line 30)	57583.78	132585.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	58745.52	58745.52
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct, and complete.	
Type or Print Name of Treasurer Electronically Filed by Ms Karen Johnson	
Signature of Treasurer	Date 09/20/2000

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

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FEC FORM 3X
(revised 9/98)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

(PAGE 2, FEC FORM 3X)

(revised 1/1/91)

NAME OF COMMITTEE National Organization for Women PAC	REPORT COVERING PERIOD		
	FROM 08/01/2000	TO: 08/31/2000	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	15171.00	24468.00	11.a.i.
ii. Unitemized	16513.75	45165.52	11.a.ii.
iii. Total	31684.75	69633.52	11.a.iii.
b. Political Party Committees	0.00	0.00	11.b.
c. Other Political Committees (such as PACs)	0.00	0.00	11.c.
d. Total Contributions	31684.75	69633.52	11.d.
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12.
13. All Loans Received	0.00	0.00	13.
14. Loan Repayments Received	0.00	0.00	14.
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15.
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees ..	0.00	0.00	16.
17. Other Federal Receipts (Dividends, Interest, etc.)	34.14	369.13	17.
18. Transfers From Nonfederal Account for Joint Activity	0.00	0.00	18.
19. Total Receipts	31718.89	70002.65	19.
20. Total Federal Receipts	31718.89	70002.65	20.
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21.a.i.
ii. Non-Federal Share	0.00	0.00	21.a.ii.
b. Other Federal Operating Expenditures	14258.33	18778.81	21.b.
c. Total Operating Expenditures	14258.33	18778.81	21.c.
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22.
23. Contributions to Federal Candidates/Committees and Other Political Committees	43325.45	113773.62	23.
24. Independent Expenditures (use Schedule E)	0.00	0.00	24.
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Sch. F)	0.00	0.00	25.
26. Loan Repayments Made	0.00	0.00	26.
27. Loans Made	0.00	0.00	27.
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28.a.
b. Political Party Committees	0.00	0.00	28.b.
c. Other Political Committees (such as PACs)	0.00	0.00	28.c.
d. Total Contributions Refunds	0.00	0.00	28.d.
29. Other Disbursements	0.00	32.70	29.
30. Total Disbursements	57583.78	132585.13	30.
31. Total Federal Disbursements	57583.78	132585.13	31.
III. Net Contributions / Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	31684.75	69633.52	32.
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33.
34. Net Contributions (other than loans) (subtract line 33 from 32)	31684.75	69633.52	34.
35. Total Federal Operating Expenditures	14258.33	18778.81	35.
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36.
37. Net Operating Expenditures	14258.33	18778.81	37.

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 18
			FOR LINE NUMBER 11A1

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

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

Full Name, Mailing Address, and ZIP Code Mrs. M.K. Boyd 200 Wagner Place #502 Memphis TN 38103	Name of Employer Autozone	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 250.00
	Occupation Lead Analyst		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Ms. Alice Cohen 3703 34th St. NW Washington DC 20008	Name of Employer Feminist Majority Foundat- ion	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 395.00
	Occupation Director of National Programs		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 395.00			
Full Name, Mailing Address, and ZIP Code Ms. Nancy Kimas 10700 SW 30th Ave Miami FL 33176	Name of Employer	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 415.00
	Occupation unknown		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 415.00			
Full Name, Mailing Address, and ZIP Code Mr. Alex Lewin 435 Lincoln Ave. Sunnyvale CA 94086	Name of Employer Yahoo!	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 435.00
	Occupation engineer		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 435.00			
Full Name, Mailing Address, and ZIP Code Mr. Austin Lin 3835 20th Street San Francisco CA 94114	Name of Employer YAHOO! INC	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 625.00
	Occupation feminist		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 600.00			
Full Name, Mailing Address, and ZIP Code Ms. Jarice McKay 20835 SW 85th Ct. Miami FL 33189	Name of Employer Self	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 525.00
	Occupation mother		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 525.00			
Full Name, Mailing Address, and ZIP Code Ms. Terry O'Neill 1217 Washington Avenue New Orleans LA 70130	Name of Employer Tulane Law School	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 945.00
	Occupation Professor		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Aggregate Year-to-Date > \$ 1045.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	4 / 18
			FOR LINE NUMBER 11A1

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

Full Name, Mailing Address, and ZIP Code Ms. Jacqueline Steingold 15717 Lindsay Detroit MI 48227	Name of Employer Wayne State U.	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 300.00
	Occupation Social Worker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 300.00		
Full Name, Mailing Address, and ZIP Code Ms. Sandra Tatham 1602 Alton Rd. PMB #551 Miami Beach FL 33139	Name of Employer Self	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Barbara Timmer 2101 Connecticut Ave., NW Washington DC 20008	Name of Employer My Prime Time	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 225.00
	Occupation attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 875.00		
Full Name, Mailing Address, and ZIP Code Ms. Laura TrucanoHarp 195 N. Harbor Drive Apt 5204 Chicago IL 60601	Name of Employer self	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 50.00
	Occupation homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Patricia Ireland 733 15th St. Second Floor Washington DC 20005	Name of Employer	Date (month, day, year) 08/14/2000	Amount of Each Receipt this Period 1250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1250.00		
Full Name, Mailing Address, and ZIP Code Ms. Bobbie Adams 1228 Pine Grove Rd Annsa WV 25505	Name of Employer self	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 210.00		
Full Name, Mailing Address, and ZIP Code Mr. Gerald Blum 1504 Dunlce Dr. Pittsburg PA 15227	Name of Employer Bechtel	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 20.00
	Occupation nuclear engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 360.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE A		ITEMIZED RECEIPTS		5 / 18
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (In Full) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code Ms. Marcia Broadley 35063 Beach Rd Capistrano Beach CA 92624 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Broadley-James Corp Occupation Treasurer Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Ms. Marlene Cannova 365 Talbot Ave #16 Pacifica CA 94044 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Berman, Berkeley & Lasky Occupation Paralegal Aggregate Year-to-Date > \$ 290.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 35.00	
Full Name, Mailing Address, and ZIP Code Dr. Janet Canterbury 10700 SW 30th Ave Miami FL 33176 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Univ. of Miami Occupation Dean Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Ms. Susan Clark 1190 C Street Juneau AK 99801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self Occupation Kundalini Yoga Instructor Aggregate Year-to-Date > \$ 298.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 36.00	
Full Name, Mailing Address, and ZIP Code Ms. Martha Cochran 46 Dublin Rd. Lansing NY 14802 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Ms. Michel Coconis 547 Chers 07 SE #4K Grand Rapids MI 49503 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Grand Valley State Univ. Occupation Assit. Professor Aggregate Year-to-Date > \$ 420.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00	
Full Name, Mailing Address, and ZIP Code Ms. Sue Errington 3200 Brook Drive Muncie IN 47304 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Planned Parenthood of E. Indiana Occupation Associate Director Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00	
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	6 / 18
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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Ms. Darlene Eving 1624 Chotaw Drive Mesquite TX 75140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 35.00
	Occupation attorney	Aggregate Year-to-Date > \$ 280.00	
Full Name, Mailing Address, and ZIP Code Ms. Rosanna Fabbella 26430 Chatham Court Hayward CA 94542 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Hexcel Corp	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00
	Occupation scientist	Aggregate Year-to-Date > \$ 400.00	
Full Name, Mailing Address, and ZIP Code Ms. Mary Fontaine 13708 Christensen Rd. Gal CA 95632 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Labat-Anderson, Inc	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 35.00
	Occupation legal investigator	Aggregate Year-to-Date > \$ 280.00	
Full Name, Mailing Address, and ZIP Code Ms. Kim Gandy 733 15th Street NW Second Floor Washington DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer NOW	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Executive VP	Aggregate Year-to-Date > \$ 750.00	
Full Name, Mailing Address, and ZIP Code Ms. Alan Gross 70 Starwick Court Somerset NJ 08875 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 25.00
	Occupation	Aggregate Year-to-Date > \$ 300.00	
Full Name, Mailing Address, and ZIP Code Ms. Connie Hannah 7467 Hampton Blvd. Norfolk VA 23505 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Dept. of Defense	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Business Analysis	Aggregate Year-to-Date > \$ 725.00	
Full Name, Mailing Address, and ZIP Code Ms Karen Johnson 733 15th Street, NW Second Floor Washington DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer National Organization for Women	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00
	Occupation VP Membership	Aggregate Year-to-Date > \$ 470.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)

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				FOR LINE NUMBER	11A1
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NAME OF COMMITTEE (In Full) National Organization for Women PAC					
Full Name, Mailing Address, and ZIP Code Mr. John Douglas Kluge 1833 Crestview Drive New Ulm MN 56073	Name of Employer Acute Care Inc.	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 35.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Physician	Aggregate Year-to-Date > \$ 280.00			
Full Name, Mailing Address, and ZIP Code Ms. Manuela Kramer 170 Kent Drive Saint Augustine FL 32086	Name of Employer Burns/Wells Fargo	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 35.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Security Guard	Aggregate Year-to-Date > \$ 280.00			
Full Name, Mailing Address, and ZIP Code Mr. Austin Lin 3835 20th Street San Francisco CA 94114	Name of Employer YAHOO INC	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 25.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation feminist	Aggregate Year-to-Date > \$ 825.00			
Full Name, Mailing Address, and ZIP Code Ms. Diana Lynn 1804 Tert Way San Jose CA 95124	Name of Employer San Jose Univ.	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Speech/Lan. Pathologist	Aggregate Year-to-Date > \$ 400.00			
Full Name, Mailing Address, and ZIP Code Ms. Leonor Ethel McAlpine 130 Parkhurst W. Detroit MI 48203	Name of Employer	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 35.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired	Aggregate Year-to-Date > \$ 420.00			
Full Name, Mailing Address, and ZIP Code Ms. Mary Neill 1730 Marin Way Newport Beach CA 92860	Name of Employer	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation Retired	Aggregate Year-to-Date > \$ 250.00			
Full Name, Mailing Address, and ZIP Code Dr. Edward Nol 615 Emmens Birmingham MI 48009	Name of Employer self	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Occupation physican	Aggregate Year-to-Date > \$ 400.00			
SUBTOTALS of Receipts This Page (Optional)					
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NAME OF COMMITTEE (In Full)
National Organization for Women PAC

Full Name, Mailing Address, and ZIP Code Ms. Wresida Louise Rauch 33 Hiett Rd. Rochester NY 14626 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Xerox	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Software Design Engineer		
	Aggregate Year-to-Date > \$ 280.00		
Full Name, Mailing Address, and ZIP Code Ms. Marjorie Reuten 205 S. Sunset Drive Lot 104 Sedona AZ 86336 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 35.00
	Occupation Retired		
	Aggregate Year-to-Date > \$ 280.00		
Full Name, Mailing Address, and ZIP Code Ms. Rebecca Shew 21 Bridle Ct. Potomac MD 20854 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 100.00
	Occupation Spiritual Director, Writer		
	Aggregate Year-to-Date > \$ 800.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Strawhom 15919 Ortizaba Ave. Paramount CA 90723 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Secom	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00
	Occupation Computer Programmer		
	Aggregate Year-to-Date > \$ 400.00		
Full Name, Mailing Address, and ZIP Code Ms. Michelle Stuhl P.O.Box 430 Shokan NY 12461 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 100.00
	Occupation CEO		
	Aggregate Year-to-Date > \$ 600.00		
Full Name, Mailing Address, and ZIP Code Ms. Barbara Timmer 2101 Connecticut Ave., NW Washington DC 20008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer My Prime Time	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 50.00
	Occupation attorney		
	Aggregate Year-to-Date > \$ 725.00		
Full Name, Mailing Address, and ZIP Code Ms. Laura TrucanoHarp 195 N. Harbor Drive Apt 5204 Chicago IL 60601 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer self	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 2125.00
	Occupation homemaker		
	Aggregate Year-to-Date > \$ 2525.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			

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

Full Name, Mailing Address, and ZIP Code Mrs. Lucy Watson 411 Westmoreland Houston TX 77006 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Retired	08/20/2000	
	Aggregate Year-to-Date > \$	400.00	
Full Name, Mailing Address, and ZIP Code Dr. Gail Zivin 217 Barmen Hill Road Conshohocken PA 19428 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	psychologist	08/20/2000	50.00
	self		
	Aggregate Year-to-Date > \$	350.00	
Full Name, Mailing Address, and ZIP Code Ms. Waunita Delinger 12822 Oak Hill Ave. Hagerstown MD 21742 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Retired	08/25/2000	250.00
	Aggregate Year-to-Date > \$	250.00	
Full Name, Mailing Address, and ZIP Code Ms. Harriet Griesinger 23 Bellevue Ave. Cambridge MA 02140 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		08/25/2000	5000.00
	Aggregate Year-to-Date > \$	5000.00	
Full Name, Mailing Address, and ZIP Code Ms. Josephine Woodbury 7426 Cedar Creek Trl. Madison WI 53717 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	unknown	08/25/2000	225.00
	Aggregate Year-to-Date > \$	225.00	
Full Name, Mailing Address, and ZIP Code Dr. Shelley Gordon 2444 W. Oak St. #228 Denton TX 76201 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	unknown	08/26/2000	225.00
	Aggregate Year-to-Date > \$	225.00	
Full Name, Mailing Address, and ZIP Code Ms. Fritz Cerinich 3824 W 68th Place Chicago IL 60629 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	unknown	08/30/2000	260.00
	Aggregate Year-to-Date > \$	260.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only) **15171.00**

SCHEDULE A		ITEMIZED RECEIPTS		10 / 18
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 17	
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NAME OF COMMITTEE (In Full) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code Bank of America P.O. Box 27025 Richmond VA 23261-7025	Name of Employer Occupation	Date (month, day, year) 08/31/2000	Amount of Each Receipt this Period 34.14 Bank Interest	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date 5 361.61			
SUBTOTALS of Receipts This Page (Optional)				
TOTALS This Period (last page this line number only)				34.14

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	11 / 18
			FOR LINE NUMBER 21B

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

Full Name, Mailing Address, and ZIP Code Mail Management of America, Inc P.O. Box 317 Leonardtown MD 20650	Purpose of Disbursement Postage	Date (month, day, year) 08/10/2000	Amount of Each Disbursement This Period 11273.40
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Kelly Press 1701 Cabin Branch Drive Landover MD 20785	Purpose of Disbursement Printing	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 545.30
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code The Wolf Envelope Co. 248 Arling Street Oberlin OH 44074	Purpose of Disbursement Printing	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 663.92
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code Tri-State Envelope Corporation P.O. Box 433 Beltsville MD 20704	Purpose of Disbursement Printing	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 1176.76
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code US Postal Service 900 Brentwood RD NE Washington DC 20066	Purpose of Disbursement Postage	Date (month, day, year) 08/28/2000	Amount of Each Disbursement This Period 594.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

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SUBTOTALS of Disbursements This Page (Optional)	
TOTALS This Period (last page this line number only)	14253.38

SCHEDULE B		ITEMIZED DISBURSEMENTS		12 / 18
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code TAMMY BALDWIN 525 RIVERSIDE DR MADISON WI 53704	Purpose of Disbursement Contribution (House - WI - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 3000.00	
Full Name, Mailing Address, and ZIP Code HEIDI BEHRENS-BENEDICT PO BOX 50486 BELLEVUE WA 98015	Purpose of Disbursement Contribution (House - WA - 08) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code SHELLEY BERKLEY 7432 SILVER PALM CT LAS VEGAS NV 89014	Purpose of Disbursement Contribution (House - NV - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 3000.00	
Full Name, Mailing Address, and ZIP Code CORRINE BROWN 3109 RIVER BEND CT #D-102 LAUREL MD 20724	Purpose of Disbursement Contribution (House - FL - 03) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 1500.00	
Full Name, Mailing Address, and ZIP Code JEAN ELLIOTT BROWN 3339 PINE HILL TRAIL PALM BEACH GARDENS FL 33418	Purpose of Disbursement Contribution (House - FL - 16) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code LOIS CAPP'S 1724 SANTA BARBARA STREET SANTA BARBARA CA 93101	Purpose of Disbursement Contribution (House - CA - 22) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 3000.00	
Full Name, Mailing Address, and ZIP Code MARTHA FULLER CLARK 152 MIDDLE STREET PORTSMOUTH NH 03801	Purpose of Disbursement Contribution (House - NH - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code KATHLEEN COYNE-MCCOY 267 GLEANER CHAPEL RD N SCITUATE RI 02857	Purpose of Disbursement Contribution (House - RI - 02) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 1500.00	
Full Name, Mailing Address, and ZIP Code SUSAN DAVIS PO BOX 84043 SAN DIEGO CA 92138	Purpose of Disbursement Contribution (House - CA - 49) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 3000.00	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	13 / 18
			FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code DIANNE FEINSTEIN 30 PRESIDIO TERRACE SAN FRANCISCO CA 94118	Purpose of Disbursement Contribution (Senate - CA - 00)	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code LINNA JANE YOUNG FREDERICK 38 MERIDIAN ROAD BEAUFORT SC 29902	Purpose of Disbursement Contribution (House - SC - 02)	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 1500.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code JOYCE HARANT 3914 N DONNA LANE PEORIA IL 61615	Purpose of Disbursement Contribution (House - IL - 18)	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code JANE HARMAN 63 CREST ROAD EAST ROLLING HILLS CA 90274	Purpose of Disbursement Contribution (House - CA - 36)	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 3000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code ELEANOR JORDAN 2704 GRAND AVENUE UNIT NO 2 LOUISVILLE KY 40211	Purpose of Disbursement Contribution (House - KY - 03)	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 3000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code NANCY KEENAN P O BOX 9249 HELINA MT 59604	Purpose of Disbursement Contribution (House - MT - 00)	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 3000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code LINDA A MERCURIO PO BOX 82 EMERSON NJ 07630	Purpose of Disbursement Contribution (House - NJ - 05)	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 250.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code REGINA MONTOYA 3302 OAKHURST STREET DALLAS TX 75214	Purpose of Disbursement Contribution (House - TX - 05)	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 3000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		
Full Name, Mailing Address, and ZIP Code CONSTANCE A MORELLA 2228 RAYBURN HOUSE OFFICE BUILDING WASHINGTON DC 20515	Purpose of Disbursement Contribution (House - MD - 06)	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 1000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :		

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		14 / 18
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code JANICE MARIAN MD NELSON 209 RAMONA AVENUE SIERRA MADRE CA 91024	Purpose of Disbursement Contribution (House - CA - 28) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code MARY ELIZABETH RIEDER 13700 COUNTY RD 9 EYOTA MN 55934	Purpose of Disbursement Contribution (House - MN - 01) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code GERRIE SCHIPSKI PO BOX 50038 LONG BEACH CA 90815	Purpose of Disbursement Contribution (House - CA - 38) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 1500.00	
Full Name, Mailing Address, and ZIP Code ELLEN O TAUSCHER 5611 HIGHLAND ROAD PLEASANTON CA 94586	Purpose of Disbursement Contribution (House - CA - 10) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 3000.00	
Full Name, Mailing Address, and ZIP Code SHANNON DEE WOOD 4610 CHARLOTTE AVE NASHVILLE TN 37209	Purpose of Disbursement Contribution (Senate - TN - 00) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/03/2000	Amount of Each Disbursement This Period 250.00	
Full Name, Mailing Address, and ZIP Code Patricia Ireland 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Gash IL-10 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/07/2000	Amount of Each Disbursement This Period 109.50	
Full Name, Mailing Address, and ZIP Code SUSAN BASS LEVIN 134 LUCERNA BLVD CHERRY HILL NJ 08003	Purpose of Disbursement Contribution (House - NJ - 03) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/23/2000	Amount of Each Disbursement This Period 3000.00	
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 135.35	
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 135.35	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page	15 / 18
			FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) National Organization for Women PAC			
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 35.00
Full Name, Mailing Address, and ZIP Code Anne Ascher 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 35.00
Full Name, Mailing Address, and ZIP Code Leigha Creehan 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Corzine Sen NJ (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 90.25
Full Name, Mailing Address, and ZIP Code Leigha Creehan 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Connelly NJ-07 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 90.25
Full Name, Mailing Address, and ZIP Code Leigha Creehan 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Corzine Sen NJ (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 43.75
Full Name, Mailing Address, and ZIP Code Leigha Creehan 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Connelly NJ-07 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 43.75
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-Kind Stabenow Sen MI (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 30.80
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Bynum MI-08 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 30.80
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Corzine Sen NJ (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 30.80
SUBTOTALS of Disbursements This Page (Optional)			
TOTALS This Period (last page this line number only)			

SCHEDULE B		ITEMIZED DISBURSEMENTS		16 / 18
		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER 23
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NAME OF COMMITTEE (In Full) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Connelly NJ-07 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 30.80	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind Clinton Sen NY (Transportation) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 30.80	
Full Name, Mailing Address, and ZIP Code DC Rent-A-Wreck 910 M St. NW Washington DC 20001	Purpose of Disbursement In-kind McCarthy NY-04 (Transportation) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 30.80	
Full Name, Mailing Address, and ZIP Code Min Kyung Kim 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 242.75	
Full Name, Mailing Address, and ZIP Code Min Kyung Kim 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 242.75	
Full Name, Mailing Address, and ZIP Code Min Kyung Kim 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 35.00	
Full Name, Mailing Address, and ZIP Code Min Kyung Kim 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 35.00	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 184.84	
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Salary) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 184.84	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)				

SCHEDULE B	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	17 / 18
			FOR LINE NUMBER 23

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

Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Clinton Sen NY (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 35.00
Full Name, Mailing Address, and ZIP Code Lalifa Lyles 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind McCarthy NY-04 (Food) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 35.00
Full Name, Mailing Address, and ZIP Code Alpa Patel 211 E. Ohio #2522 Chicago IL 60611	Purpose of Disbursement In-kind Gash IL-10 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 321.43
Full Name, Mailing Address, and ZIP Code Alpa Patel 211 E. Ohio #2522 Chicago IL 60611	Purpose of Disbursement In-kind Gash IL-10 (Transportation) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 99.00
Full Name, Mailing Address, and ZIP Code Alpa Patel 211 E. Ohio #2522 Chicago IL 60611	Purpose of Disbursement In-kind Gash IL-10 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 175.00
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Stabenow Sen MI (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 98.17
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Byrum MI-08 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 98.17
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Stabenow Sen MI (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 31.25
Full Name, Mailing Address, and ZIP Code Sommer Spector 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Byrum MI-08 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 31.25

SUBTOTALS of Disbursements This Page (Optional)

TOTALS This Period (last page this line number only)

SCHEDULE B		ITEMIZED DISBURSEMENTS		18 / 18
Use separate schedule(s) for each category of the Detailed Summary Page			FOR LINE NUMBER 23	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) National Organization for Women PAC				
Full Name, Mailing Address, and ZIP Code Briana Stone 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Corzine Sen NJ (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 242.75	
Full Name, Mailing Address, and ZIP Code Briana Stone 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Connelly NJ-07 (Salary) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 242.75	
Full Name, Mailing Address, and ZIP Code Briana Stone 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Corzine Sen NJ (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 43.75	
Full Name, Mailing Address, and ZIP Code Briana Stone 733 15th St. Second Floor Washington DC 20005	Purpose of Disbursement In-kind Connelly NJ-07 (Food) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Date (month, day, year) 08/31/2000	Amount of Each Disbursement This Period 43.75	
SUBTOTALS of Disbursements This Page (Optional)				
TOTALS This Period (last page this line number only)			43325.45	