

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
for each category or use
Detailed Summary Page

 PAGE 9 OF 14
 FOR LINE NUMBER
11(a)(i)

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

A. Full Name, Mailing Address and ZIP Code MRS FRANCES NEWMAN 100 E BELLEVUE PL #12-D CHICAGO IL 60611 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 9/10/99	Amount of Each Receipt this Period 750.00
B. Full Name, Mailing Address and ZIP Code EDWARD NOL MD 615 EMMONS BIRMINGHAM MI 48009-2019 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LETTER SENT Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 8/10/99 8/27/99 9/20/99	Amount of Each Receipt this Period 50.00 50.00 50.00
C. Full Name, Mailing Address and ZIP Code EDWARD NOL 615 EMMONS BIRMINGHAM, MI 48009-2019 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) 10/20/99 11/22/99 12/20/99	Amount of Each Receipt this Period 50.00 50.00 50.00
D. Full Name, Mailing Address and ZIP Code MS FRANCES PEPPER 133 OLIVER ROAD CINCINNATI OH 45215-2638 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LETTER SENT Occupation Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 9/10/99	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and ZIP Code DR. LUCILE M PORTWOOD P O BOX 76 OKEMOS MI 48805-0076 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED Aggregate Year-to-Date > \$ 600.00	Date (month, day, year) 8/10/99	Amount of Each Receipt this Period 600.00
F. Full Name, Mailing Address and ZIP Code MRS MARION D QUICK 4177 CADILLAC COURT #15 COLUMBUS OH 43232-8249 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation RETIRED TEACHER Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 9/10/99	Amount of Each Receipt this Period 200.00
G. Full Name, Mailing Address and ZIP Code MS SARAH RABIN 5410 CONNECTICUT AVE NW #607 WASHINGTON DC 20015 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer NOW Occupation ORGANIZER Aggregate Year-to-Date > \$ 370.00	Date (month, day, year) 7/12/99 10/25/99 11/22/99 12/20/99	Amount of Each Receipt this Period 325.00 15.00 15.00 15.00

SUBTOTAL of Receipts This Page (optional)

2,220.00

TOTAL This Period (last page this line number only)