SCHEDULE A

# ITEMIZED RECEIPTS

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



FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

People For the American Way Voters Alliance

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Robert E. Funk<br>42 Parkwyn Drive<br>Delmar, NY 12054-4129<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: retired<br>Occupation:<br>Aggregate Year-to-Date > $ 250.00 | 10/25/99 | $250.00 |
| B. John H. Lavelle<br>38 Carstead Drive<br>Slingerlands, NY 12159-9792<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Conway, Lavelle and Finn, L.L.P.<br>Occupation: attorney<br>Aggregate Year-to-Date > $ 300.00 | 10/22/99 | $300.00 |
| C. Robert R. Fenichel<br>3922 Ingomar Street, NW<br>Washington, DC 20015-1916<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: Federal Drug Administration<br>Occupation: physician<br>Aggregate Year-to-Date > $ 660.00 | 10/22/99 | $660.00 |
| D. Edgar M. Chase<br>9406 Michael Drive<br>Clinton, MD 20735-3214<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer:<br>Occupation:<br>Aggregate Year-to-Date > $ 300.00 | 10/21/99 | $300.00 |
| E. Vesta S. Downer<br>509 Hillwood Avenue<br>Falls Church, VA 22042-2412<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: self employed<br>Occupation: clinical social worker<br>Aggregate Year-to-Date > $ 220.00 | 10/22/99 | $220.00 |
| F. Louis Blau<br>1475 Bel Air Road<br>Los Angeles, CA 90077-3019<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: retired<br>Occupation:<br>Aggregate Year-to-Date > $ 275.00 | 10/22/99 | $275.00 |
| G. Robert Woodrick<br>1960 Steketee Woods Court, SE<br>Grand Rapids, MI 49546-9709<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer:<br>Occupation:<br>Aggregate Year-to-Date > $ 300.00 | 10/22/99 | $300.00 |

SUBTOTAL of Receipts This Page (optional) ..... $2,305.00

TOTAL This Period (last page this line number only) .....

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