

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
JIM HUMPHREYS FOR CONGRESS C00344515

A. Full Name, Mailing Address and ZIP Code PAUL DEBAGGIS PRINCE BUILDING BOSTON, MA 02110		Name of Employer BEST EFFORTS	Date 12-10-99	Amount this pd. \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation LAWYER	Year-to-Date > \$1,000.00	
B. Full Name, Mailing Address and ZIP Code DAVID M. LIPMAN 8055 SW 118TH STREET MIAMI, FL 33156-4913		Name of Employer DAVID M. LIPMAN, PA	Date 12-10-99	Amount this pd. \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation LAWYER	Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code BARBARA S. LIPMAN 6055 SW 118TH STREET MIAMI, FL 33156-4913		Name of Employer BEST EFFORTS	Date 12-10-99	Amount this pd. \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation LAWYER	Year-to-Date > \$1,000.00	
D. Full Name, Mailing Address and ZIP Code H. D. WELLS III 1329 JOHNSON ROAD CHARLESTON, WV 25314		Name of Employer SELF-EMPLOYED	Date 12-10-99	Amount this pd. \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation BUSINESSMAN		

E. Full Name, Mailing Address and ZIP Code JAMES FERRARO 200 S BISCAYNE BLVD, SUITE 3800 MIAMI, FL 33131		Name of Employer FERRARO & ASSOCIATES, PA	Date 12-10-99	Amount this pd. \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation LAWYER	Year-to-Date > \$1,000.00	
F. Full Name, Mailing Address and ZIP Code (same as above)		Name of Employer FERRARO & ASSOCIATES, PA	Date 12-10-99	Amount this pd. \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation LAWYER	Year-to-Date > \$2,000.00	
G. Full Name, Mailing Address and ZIP Code JOHN A. SIVINSKI 2171 BARRINGTON ROAD UNIVERSITY HT, OH 44118		Name of Employer BEST EFFORTS	Date 12-10-99	Amount this pd. \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation LAWYER	Year-to-Date > \$1,000.00	

SUBTOTAL of Receipts This Page (optional) > **\$7,000.00**
 TOTAL This Period (last page this line number only) > -----