SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)
FRANK DON 2000

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. LINDA KEBLER 122 E. 13TH ST, #1A NY, NY 10003 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 50	6-30-2000	$50
B.	Occupation Aggregate Year-to-Date > $		
C. ROBIN ASKIN 678 POST ROAD EAST #492 WESTPORT, CT 06880 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: SELF Occupation: HEALTH CARE CONSULTANT Aggregate Year-to-Date > $ 675	8-1-2000	IN KIND CONTRIBUTION PROFESSIONAL SVC $675
D. FRANK DON 704 STEARNS RD #20 GREENWICH, CT 06830 Receipt For: ☐ Primary ☒ General ☐ Other (specify):	Name of Employer: SELF Occupation: CONSULTANT Aggregate Year-to-Date > $ 2,270	6-30-2000	CANDIDATE IN KIND PRINTING MAILING $2,270
E.	Occupation Aggregate Year-to-Date > $		
F.	Occupation Aggregate Year-to-Date > $		
G.	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

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