

SCHEDULE A

ITEMIZED RECEIPTS

20020120895

Form 278e Schedule B Category of the Recipient Summary Page	PAGE OF 892 1056
FOR LINE NUMBER 11(a)(1)	

Any information reported 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)**  
 Friends of Giuliani Exploratory Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Smith 920 North Federal Highway Suite 402 Boca Raton, FL 33452-	Self-Employed  Occupation Attorney	02/15/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Calvin Smith 5231 Lochloy Drive  Edina, MN 55436-	Retired  Occupation Retired	02/08/2000  12/23-02/08	\$-1200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$-1400.00		MEMO
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Smith PO Box 150602  Nashville, TN 37215-	Self-Employed  Occupation Insurance	02/17/2000	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Smith PO Box 150602  Nashville, TN 37215-	Self-Employed  Occupation Insurance	03/01/2000	\$25.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1025.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Smith PO Box 150602  Nashville, TN 37215-	Self-Employed  Occupation Insurance	03/17/2000  03/01/2000	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1025.00		MEMO
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carlyle Smith 1010 James Street  Syracuse, NY 13203-	Requested Information  Occupation Requested Information	03/21/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Smith PO Box 1586  Cary, NC 27512-	Self-Employed  Occupation Business	03/30/2000	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$2525.00
<b>TOTAL</b> This Period (last page this line number only)	