

20020140420

**SCHEDULE A ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Hillary Rodham Clinton for US Senate, Inc. C00346544

<b>A. Full Name, Mailing Address and ZIP Code</b> Kenneth Schoetz 187 Main Street Hamburg, NY 14075-4928	Name of Employer Phillips, Lytle, Hitchcock, Blaine & Hober	Date (month, day, year)  2/4/00	Amount of Each Receipt this Period  \$500.00
	Occupation Attorney		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Michael Schonfeld 1650 James Street Merrick, NY 11566	Name of Employer MSO	Date (month, day, year)  2/28/00	Amount of Each Receipt this Period  \$1,000.00
	Occupation Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Michael Schonfeld 1650 James Street Merrick, NY 11566	Name of Employer MSO	Date (month, day, year)  2/28/00	Amount of Each Receipt this Period  \$200.00
	Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Thelma Schoonmaker 260 West 52nd Street Apt 26B New York, NY 10019-5836	Name of Employer Self	Date (month, day, year)  1/25/00	Amount of Each Receipt this Period  \$400.00
	Occupation Film Editor		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 400.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Paul Schrader Suite 1405 1501 Broadway New York, NY 10036	Name of Employer Schrader Productions	Date (month, day, year)  3/29/00	Amount of Each Receipt this Period  \$1,000.00
	Occupation Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,000.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Deborah Schreifels 20 Bluetop Road East Setauket, NY 11733	Name of Employer University Hospital Med Center of Stony Brook	Date (month, day, year)  3/13/00	Amount of Each Receipt this Period  \$500.00
	Occupation Director, Community Relations		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> William Schrenk 131 East 94th St New York, NY 10128-1701	Name of Employer N/A	Date (month, day, year)  2/16/00	Amount of Each Receipt this Period  \$250.00
	Occupation Retired		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTAL** of Receipts This Page (optional) ..... \$3,850.00

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