

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals (Itemized)

Any information copied 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) Lazio 2000, Inc. | | | |
|--|--|---|---|
| Full Name, Mailing Address and ZIP Code Mr. Roger C. Folz 3401 Lawson Blvd. Oceanside, NY 11572 | Name of Employer Folz Vending | Date (month, day, year) 6/27/2000 | Amount of Each Receipt this Period \$500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Self Aggregate Year-to-Date > \$ 1,500.00 | | |
| Full Name, Mailing Address and ZIP Code Mr. Roger C. Folz 3401 Lawson Blvd. Oceanside, NY 11572 | Name of Employer Folz Vending | Date (month, day, year) 6/27/2000 | Amount of Each Receipt this Period \$1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Self Aggregate Year-to-Date > \$ 1,500.00 | | |
| Full Name, Mailing Address and ZIP Code Susan Foody 501 Standish Dr Syracuse, NY 13224 | Name of Employer self | Date (month, day, year) 6/20/2000 | Amount of Each Receipt this Period \$500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Physician Aggregate Year-to-Date > \$ 500.00 | | |
| Full Name, Mailing Address and ZIP Code Dr. A. Philip Fontanetta 700 Hunt Lane Manhasset, NY 11050 | Name of Employer Information Requested | Date (month, day, year) 6/26/2000 | Amount of Each Receipt this Period \$1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Orthopedic Surgeon Aggregate Year-to-Date > \$ 1,000.00 | | |
| Full Name, Mailing Address and ZIP Code R W Foote po 105 Southport, CT 6490 | Name of Employer Self | Date (month, day, year) 5/22/2000 | Amount of Each Receipt this Period \$250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Self Employed Aggregate Year-to-Date > \$ 250.00 | | |
| Full Name, Mailing Address and ZIP Code Mr. George A. Forcier 181 Shore Avenue Groton, CT 06340-5943 | Name of Employer Information requested | Date (month, day, year) 6/27/2000 | Amount of Each Receipt this Period \$1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Information requested Aggregate Year-to-Date > \$ 1,000.00 | | |
| Full Name, Mailing Address and ZIP Code Mrs. Charlotte M. Ford 25 Sutton Pl., Apt 14 New York, NY 10022 | Name of Employer Information Requested | Date (month, day, year) 6/29/2000 | Amount of Each Receipt this Period \$500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Information Requested Aggregate Year-to-Date > \$ 500.00 | | |
| SUBTOTAL of Receipts This Page (optional) | | | \$ 4,750.00 |
| TOTAL This Period (last page this line number only) | | | |