

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Democratic Leader's Victory Fund 2000

A. Full Name, Mailing Address and Zip Code Leslie Strohm 7026 Lindell Blvd. Saint Louis, MO 63130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Sonnenschein Nath & Rosenthal Occupation Attorney Aggregate Year-to-Date -> 500.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Ravi Subramanian 216 Mountain Blvd. Plainfield, NJ 07060- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Sublime Industries Occupation Chairman Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period 5,000.00
C. Full Name, Mailing Address and Zip Code John J. Sullivan 8900 Keystone Crossing, Suite 1250 Indianapolis, IN 46240- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self - Employed Occupation Attorney Aggregate Year-to-Date -> 500.00	Date (month, day, year) 08/01/2000	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code Ann G. Tenenbaum 322 E. 57th Street New York, NY 10022- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 08/17/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code The Chickasaw Nation 1500 North Country Club Rd. Ada, OK 74820- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Unincorp. Tribal Entity Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 08/18/2000	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Kellie Burke Trivers 625 s. Skinker, No. 1103 Saint Louis, MO 63105- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Trivers Associates, Inc. Occupation Partner Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code Clinton A. Vinze 5015 Overlook Road Washington, DC 20016- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Verner Lipsfert Occupation Attorney Aggregate Year-to-Date -> 500.00	Date (month, day, year) 08/20/2000	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	9,500.00
TOTAL This Period (last page this line number only)	