

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11(a)(8)

Contributions from Individuals

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NAME OF COMMITTEE (in Full) **Friends of Dylan Glenn 2000** c00331167

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Parrish, Haywood, Mr. Rt. 1 Box 115 Newton GA 31770 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Pineland Plantation Occupation General Manager Aggregate Year-to-Date > \$250.00	9/5/2000	\$250.00
B. Full Name, Mailing Address and ZIP Code Patterson, James A, Mr. 10000 Shelbyville Rd. Sta. 100 Louisville KY 40223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation investor Aggregate Year-to-Date > \$500.00	Date (month, day, year) 7/21/2000	Amount of Each Receipt this Period \$500.00
C. Full Name, Mailing Address and ZIP Code Penniall, Donald J, Mr. 1413 8th St. Coronado CA 92118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Penniall and Assoc., Inc Occupation Insurance Broker Aggregate Year-to-Date > \$300.00	Date (month, day, year) 7/25/2000	Amount of Each Receipt this Period \$300.00
D. Full Name, Mailing Address and ZIP Code Perry, David, Mr. 506 N. Jefferson St. Albany GA 31701 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$1,500.00	Date (month, day, year) 9/4/2000	Amount of Each Receipt this Period \$500.00 In-Kind
E. Full Name, Mailing Address and ZIP Code Perry, Helena, Mrs. 4521 PGA Blvd. no. 337 West Palm Beach FL 33418 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation retired Aggregate Year-to-Date > \$500.00	Date (month, day, year) 8/7/2000	Amount of Each Receipt this Period \$500.00
F. Full Name, Mailing Address and ZIP Code Peters, Lovett C 81 Old Orchard Rd Chestnut Hill MA 02467 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Pioneer Institute Occupation Founding Chairman Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 8/19/2000	Amount of Each Receipt this Period \$1,000.00
G. Full Name, Mailing Address and ZIP Code Peters, Ruth S, Mrs. 81 Old Orchard Rd Chestnut Hill MA 02467 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer self Occupation homemaker Aggregate Year-to-Date > \$1,000.00	Date (month, day, year) 8/22/2000	Amount of Each Receipt this Period \$1,000.00

SUBTOTAL of Receipts This Page (optional)	\$4,050.00
TOTAL This Period (last page this line number only)	_____