

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 31 OF 112  
FORM LINE NUMBER 11(a)ii

**Contributions from Individuals/Persons**

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**NAME OF COMMITTEE (In Full)**

Senn 2000 C00345025

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Bertha A. Friedman 72 Springbrook Cir Sacramento, CA 95831-2155</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> None</p> <p><b>Occupation</b> Retired</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 175.00</p>	<p><b>Date (month, day, year)</b> 9/7/00</p>	<p><b>Amount of Each Receipt this Period</b> \$25.00</p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Katherine D. Friedt 4022 Rechat Ct SE Olympia, WA 98501-4226</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Washington State ESD</p> <p><b>Occupation</b> State Manager</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 75.00</p>	<p><b>Date (month, day, year)</b> 8/31/00</p>	<p><b>Amount of Each Receipt this Period</b> \$50.00</p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Kurt Fuhmeister 2615 Meridian Street Bellingham, WA 98225</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Fuhmeister Chiropractic</p> <p><b>Occupation</b> Chiropractor</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 100.00</p>	<p><b>Date (month, day, year)</b> 9/19/00</p>	<p><b>Amount of Each Receipt this Period</b> \$100.00</p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Jean S. Fuller 4220 14th Ave NW Olympia, WA 98502-8517</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Information Requested</p> <p><b>Occupation</b> Information Requested</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 20.00</p>	<p><b>Date (month, day, year)</b> 8/31/00</p>	<p><b>Amount of Each Receipt this Period</b> \$20.00</p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Sanford M. Gage 11755 Wilshire Blvd, Ste 2150 Los Angeles, CA 90025</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Debt 2000 Primary</p>	<p><b>Name of Employer</b> Self Attorney</p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 200.00</p>	<p><b>Date (month, day, year)</b> 9/25/00</p>	<p><b>Amount of Each Receipt this Period</b> \$200.00</p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Carolyn L. Gaines 77 Edwards Rd Hampton, CT 06247</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> none</p> <p><b>Occupation</b> retired</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 70.00</p>	<p><b>Date (month, day, year)</b> 9/11/00</p>	<p><b>Amount of Each Receipt this Period</b> \$35.00 *</p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Council for a Livable World 110 Maryland Avenue, NE Washington, DC 20002</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Note: Above Contribution earmarked through this org.</p> <p><b>Occupation</b> Conduit total: \$3,880.00</p> <p><b>Aggregate Year-to-Date</b> &gt; \$</p>	<p><b>Date (month, day, year)</b> 9/11/00</p>	<p><b>Amount of Each Receipt this Period</b> MEMO \$35.00</p>

**SUBTOTAL of Receipts This Page (optional)**

\$430.00

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