

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in full)

Stabenow for Senate C00344473

A. Full Name, Mailing Address and ZIP Code Linda Boatman 155 N Harbor Dr #3501 Chicago, IL 60601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed	Date (month, day, year) 10/25/00	Amount of Each Receipt this Period \$250.00
	Occupation Designer Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code EMILY's List 805 15th St NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Note: Above Contribution earmarked through this org.	Date (month, day, year) 10/25/00	Amount of Each Receipt this Period MEMO \$250.00
	Occupation Conduit total: \$289,661.50 Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Elspeth Bobbs 630 E Alameda Santa Fe, NM 87501-2642 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed	Date (month, day, year) 10/23/00	Amount of Each Receipt this Period \$250.00
	Occupation Property Manager Aggregate Year-to-Date > \$ 1,250.00		
D. Full Name, Mailing Address and ZIP Code Elspeth Bobbs 630 E Alameda Santa Fe, NM 87501-2642 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-employed	Date (month, day, year) 11/3/00	Amount of Each Receipt this Period \$250.00
	Occupation Property Manager Aggregate Year-to-Date > \$ 1,250.00		
E. Full Name, Mailing Address and ZIP Code EMILY's List 805 15th St NW Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Note: Above Contribution earmarked through this org.	Date (month, day, year) 10/23/00	Amount of Each Receipt this Period MEMO \$250.00
	Occupation Conduit total: \$289,661.50 Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code Gerald D Boehmke 434 Forest Upper Wyandotte, MI 48192-8243 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Department of Veterans Affairs	Date (month, day, year) 10/26/00	Amount of Each Receipt this Period \$50.00
	Occupation Claims Examiner Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code Jean C Bolan MD 4901 Massachusetts Ave NW Washington, DC 20016 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Capital Perinatal Association	Date (month, day, year) 10/30/00	Amount of Each Receipt this Period \$100.00
	Occupation Physician Aggregate Year-to-Date > \$ 300.00		

SUBTOTAL of Receipts This Page (optional)	\$900.00
TOTAL This Period (last page this line number only)	