

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 1

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NAME OF COMMITTEE (in Full)

FLITTER 2000

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
CHANDRAKALA MANCHIKANTI 2075 NATCHEZ LANE PADUCAH KY 42001-5415	KSA ENT., INC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS REP.	10/19/2000	1,000.00
	Aggregate Year-to-Date > \$	1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
RICHARD G. NAFTALIS 5315 ROYAL LANE DALLAS TEXAS 75229	NEUROSURGICAL CONSULTANTS, PA		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NEUROSURGEON	10/23/2000	500.00
	Aggregate Year-to-Date > \$	500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DORIS PINSKI 6765 WALNUT CREEK DRIVE FAIRVIEW, PA. 16415	ERIE SCHOOL DISTRICT		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation TEACHER	10/24/2000	300.00
	Aggregate Year-to-Date > \$	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
JOHN DEGREGORIO 5021 CASTLEMAN STREET PITTSBURGH, PA. 15232	AXON MEDICAL, INC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	10/24/2000	500.00
	Aggregate Year-to-Date > \$	500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
ROBERT MORROW 3520 DEVONSHIRE ROAD ALLENTOWN, PA. 18103	ALLEN NEUROSURGICAL CORP		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation NEUROSURGEON	10/24/2000	500.00
	Aggregate Year-to-Date > \$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
WILLIAM DAVISON 4316 CHERYL DRIVE BETHLEHEM, PA. 18017	DAVISON GROUP, INC.		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT	10/24/2000	250.00
	Aggregate Year-to-Date > \$	250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
STEPHEN J. HAINES 62 PTCARD WAY CHARLESTON SC 29412	MEDICAL UNIV. OF SC		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHYSICIAN	10/24/2000	500.00
	Aggregate Year-to-Date > \$	500.00	

SUBTOTAL of Receipts This Page (optional) 3,550.00

TOTAL This Period (last page this line number only)