

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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**NAME OF COMMITTEE (In Full)**

Illinois Senate 2002

FEC ID No. C00365239

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Levin 350 West Hubbard Chicago, IL 60610	The Habitat Co	5/9/01	5000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date > \$	
<input type="checkbox"/> Other (specify):	President	5000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick J. Miller 1341 West George Chicago, IL 60657	Self-Employed	5/9/01	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date > \$	
<input type="checkbox"/> Other (specify):	Builder	500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dawn Clark Netsch 1700 North Hudson Chicago, IL 60614	Northwestern University Law School	5/9/01	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date > \$	
<input type="checkbox"/> Other (specify):	Law Professor	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janice Rodgers 2230 North Dayton Street Chicago, IL 60614	Quater & Brady, LLC	5/9/01	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date > \$	
<input type="checkbox"/> Other (specify):	Attorney	1000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carmen Velasquez 4827 South Kenwood Avenue Chicago, IL 60615	Alivio Medical Center	5/9/01	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date > \$	
<input type="checkbox"/> Other (specify):	Executive Director	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Meredith Wolf 1555 North Astor Street Chicago, IL 60610		5/9/01	500.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date > \$	
<input type="checkbox"/> Other (specify):	Homemaker	500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MADRIC 2650 Lakeview, #4210 Chicago, IL 60614	See Partnership Breakdown	5/9/01	1000.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General	Occupation	Aggregate Year-To-Date > \$	
<input type="checkbox"/> Other (specify):		3200.00	

**SUBTOTAL** of Receipts This Page (optional) . . . . . 8500.00

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