

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule for each category of the detailed Summary Page

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Bill McCollum for U.S. Senate

<p>A. Full Name, Mailing Address and Zip Code Thomas Pelway 3500 Sunnyside Drive Jacksonville, FL 32207-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Zurich Insurance Services, Inc</p> <p>Occupation Executive</p>	<p>Date (month, day, year) 09/13/2000</p> <p>Aggregate Year-to-Date -> 1,500.00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Sarah Blitting 1900 Virginia Avenue Apt. 401-C Fort Myers, FL 33901-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation Information Requested</p>	<p>Date (month, day, year) 09/18/2000</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>C. Full Name, Mailing Address and Zip Code William Tew 1015 Lancaster Drive Orlando, FL 32806-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer MR Richard Ellis</p> <p>Occupation Real Estate Broker</p>	<p>Date (month, day, year) 08/25/2000</p> <p>Aggregate Year-to-Date -> 750.00</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and Zip Code Larry Addington 1500 N. Big Run Road Ashland, NY 41102-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer REI Resources, Inc.</p> <p>Occupation Executive</p>	<p>Date (month, day, year) 09/14/2000</p> <p>Aggregate Year-to-Date -> 2,000.00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Maurice Prendiville 5831 Miller Road Miami, FL 33155-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p>	<p>Date (month, day, year) 09/17/2000</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and Zip Code Maurice Prendiville 5831 Miller Road Miami, FL 33155-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-Employed</p> <p>Occupation Physician</p>	<p>Date (month, day, year) 09/27/2000</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and Zip Code Carolyn Parker 20 S. Lucerne Circle West Apt. 111 Orlando, FL 32801-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired</p> <p>Occupation Retired</p>	<p>Date (month, day, year) 09/28/2000</p> <p>Aggregate Year-to-Date -> 75.00</p>	<p>Amount of Each Receipt this Period 50.00</p>

<p>SUBTOTAL of Receipts This Page (optional):</p>	<p>2,200.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>