

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full) Bill McCollum for U.S. Senate			
A. Full Name, Mailing Address and Zip Code Jeannette Naman 507 Bolton Place Houston, TX 77024- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed Occupation Financial Management Consultant Aggregate Year-to-Date -> 250.00	Date (month, day, year) 09/21/2000	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Mona Sulphes 1851 Columbia Road, NW Washington, DC 20009- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Gregory Ball 2720 Coach House Lane Naples, FL 34105-2719 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code William Phillips 1123 Connecticut Ave Suite 300 Washington, DC 20036- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Ryan, Phillips, Utrecht & Mack Occupation Attorney Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Thomas Goenell 690 Clinton Square Rochester, NY 14604- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 500.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code John Zipperer P.O. Box 540 Fort Myers, FL 33902-0640 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 500.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Gordon Nelson PO Box 2366 Melbourne, FL 32902 2366 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Florida Institute of Technology Occupation Dean Aggregate Year-to-Date -> 500.00	Date (month, day, year) 09/27/2000	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	4,750.00
TOTAL This Period (last page this line number only)	