

**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)  
Cynthia McKinney For Congress

Full Name, Mailing Address and Zip Code Jeffrey Thompson 2025 Roundball Ter., N.W. Washington, DC 20011- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Thompson, Cobb, Brazill & Assoc Occupation Certified Public Accountants &	Date (month, day, year) 02/11/200	Amount of Each Receipt this Period \$1000.00
Aggregate Year-to-Date -> \$1000.00			
Full Name, Mailing Address and Zip Code Talib & Delicia Karim 1236 4th Street, N. W. Washington, DC 20001-4633 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Attorney	Date (month, day, year) 02/11/200	Amount of Each Receipt this Period \$200.00
Aggregate Year-to-Date -> \$200.00			
Full Name, Mailing Address and Zip Code Saaid Sadri 115 Parc du Chateau Court Atlanta, GA 30327- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Georgia Tech Occupation Professor	Date (month, day, year) 03/03/200	Amount of Each Receipt this Period \$1000.00
Aggregate Year-to-Date -> \$1000.00			
Full Name, Mailing Address and Zip Code Edna Hartwell 1422 Saint Dunstons Road Lithonia, GA 30056- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-employed Contact 2000 Occupation Educational Consultant	Date (month, day, year) 03/27/200	Amount of Each Receipt this Period \$1000.00
Aggregate Year-to-Date -> \$1000.00			
Full Name, Mailing Address and Zip Code Paula Nelson 725 Riley Place Atlanta, GA 30327- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Physician	Date (month, day, year) 03/29/200	Amount of Each Receipt this Period \$1000.00
Aggregate Year-to-Date -> \$1000.00			
Full Name, Mailing Address and Zip Code Bernard Vanderlonde 3870 Windhurst Drive Lilburn, GA 30047- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Occupation	Date (month, day, year) 03/29/200	Amount of Each Receipt this Period \$1000.00
Aggregate Year-to-Date -> \$1000.00			
Full Name, Mailing Address and Zip Code Manuel Chavez 75 78th Street Miami, FL 33128- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Parking Co. America, Inc. Occupation President/CEO	Date (month, day, year) 03/31/200	Amount of Each Receipt this Period \$1000.00
Aggregate Year-to-Date -> \$1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$6200.00
<b>TOTAL</b> This Period (last page this line number only)	