

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	360	1389
FOR LINE NUMBER 11(a)(f)		

Contributions From Individuals (Itemized)

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) Lazio 2000, Inc.			
Full Name, Mailing Address and ZIP Code Mr. Charles H. Edwards, II 301 Hawthorne Lane Charlotte, NC 28204-2433	Name of Employer Hawthorne W. Surgeon Occupation Physician	Date (month, day, year) 08/19/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Full Name, Mailing Address and ZIP Code Mr. Ken E. Edwards, Jr. 2813 Careygate NW Atlanta, GA 30305-2821	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 07/21/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Full Name, Mailing Address and ZIP Code Mr. Kenneth J. Edwards 3260 Estates Court South St Joseph, MI 49085-3440	Name of Employer Riverview Orthopaedics Occupation Orthopedic Surgeon	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
Full Name, Mailing Address and ZIP Code Mr. Ray W. Edwards 500 Burning Tree Cir. High Point, NC 27265	Name of Employer ACW Management Corp Occupation Corporate Executive	Date (month, day, year) 07/12/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
Full Name, Mailing Address and ZIP Code Mr. Robert A. Edwards 5 Amanda Ct. Cortlandt Manor, NY 10567	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 07/13/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		
Full Name, Mailing Address and ZIP Code Ms. Sally Matson Edwards 115 E. 67th St., Apt. 6B New York, NY 10021-5951	Name of Employer Information Requested Occupation Information Requested	Date (month, day, year) 07/28/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		
Full Name, Mailing Address and ZIP Code Mr. William L. Edwards 1140 Franklin Avenue, Suite 200 Garden City, NY 11530	Name of Employer None Occupation Retired	Date (month, day, year) 08/22/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		
SUBTOTAL of Receipts This Page (optional)			\$ 3,250.00
TOTAL This Period (last page this line number only)			

20-02-027-0554