

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
416	1389
FOR LINE NUMBER 11(a)(1)	

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full)			
Lisco 2000, Inc.			
Full Name, Mailing Address and ZIP Code Ms. Nita Lepore Ford 4318 Westgrove Dr. Dallas, TX 75248	Name of Employer None	Date (month, day, year) 07/28/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date \$ 300.00		
Full Name, Mailing Address and ZIP Code Mr. Richard E. Ford P.O. Box 454 Wabash, IN 46992-0454	Name of Employer None	Date (month, day, year) 07/31/2000	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):	Occupation Retired		
	Aggregate Year-to-Date \$ 2,000.00		
Full Name, Mailing Address and ZIP Code Mr. Richard E. Ford P.O. Box 454 Wabash, IN 46992-0454	Name of Employer None	Date (month, day, year) 07/31/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date \$ 2,000.00		
Full Name, Mailing Address and ZIP Code Mr. Silas M. Ford 309 Pondfield Road Bronxville, NY 10708	Name of Employer None	Date (month, day, year) 08/22/2000	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):	Occupation Retired		
	Aggregate Year-to-Date \$ 2,000.00		
Full Name, Mailing Address and ZIP Code Mr. Silas M. Ford 309 Pondfield Road Bronxville, NY 10708	Name of Employer None	Date (month, day, year) 08/22/2000	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):	Occupation Retired		
	Aggregate Year-to-Date \$ 2,000.00		
Full Name, Mailing Address and ZIP Code Mr. Tommy A. Ford 5865 South Valley View Blvd Las Vegas, NV 89118 3110	Name of Employer Self-Employed	Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Contractor		
	Aggregate Year-to-Date \$ 500.00		
Full Name, Mailing Address and ZIP Code Mr. Doni L. Fordyce 774 Hollow Tree Ridge Rd. Danica, CT 06820	Name of Employer Information Requested	Date (month, day, year) 08/07/2000	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):	Occupation Information Requested		
	Aggregate Year-to-Date \$ 1,000.00		
SUBTOTAL of Receipts This Page (optional)			\$ 5,800.00
TOTAL This Period (last page this line number only)			

20-02-027-0610