

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER
11A1

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NAME OF COMMITTEE (in Full)
FRIENDS OF BARRY FORD

Full Name, Mailing Address, and ZIP Code Matthew T. Bodie 424 West End Avenue New York NY 10024	Name of Employer New York University Occupation Instructor	Date (month, day, year) 09/05/2000	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 James G. O'Brien 44 Old Nursery Drive Wilton CT 06897-3831	Name of Employer Cove Harbor Capital Occupation Investor	Date (month, day, year) 09/05/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Christian F. Beaman 3B Sidney Place Brooklyn NY 11201	Name of Employer Metropolitan Transportation Authority Occupation Transportation Planner	Date (month, day, year) 09/06/2000	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 David E. Drodsky 22 Orange Street Brooklyn NY 11201	Name of Employer Cleary, Gottlieb Occupation Attorney	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Thomas S. Chittenden 142 Clinton Street Brooklyn NY 11201	Name of Employer LeBoeuf, Lamb Occupation Attorney	Date (month, day, year) 09/06/2000	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 Mary Rothwell Davis 1172 Park Avenue New York NY 10128	Name of Employer Self-Employed Occupation Attorney	Date (month, day, year) 09/06/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Peter E. Dolotta 444 Central Park West Apt. 3B New York NY 10025	Name of Employer Schulte, Roth & Zabel Occupation Attorney	Date (month, day, year) 09/06/2000	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		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)