

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) New Jersey Democratic State Committee			
A. Full Name, Mailing Address and Zip Code Robert Nieltopp 9 Rescau Avenue South Amboy, NJ 08879-		Name of Employer Title Agency, inc. Date (month, day, year) 06/28/2000 Occupation Title Insurance Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code Eva Nies 68 Deer Creek Drive Basking Ridge, NJ 07920-		Name of Employer Information Requested Date (month, day, year) 06/30/2000 Occupation Information Requested Aggregate Year-to-Date -> 800.00	Amount of Each Receipt this Period 800.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code Nolan & Hynes, LLP 280 Hobart Street Perth Amboy, NJ 08861-		Name of Employer Partnership Attribution Listed Individually Date (month, day, year) 06/05/2000 Occupation Information Requested Aggregate Year-to-Date -> 1,000.00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code Ira Novak 3 Morristown Drive East Brunswick, NJ 08816-		Name of Employer Morris McLaughlin & Marcus Date (month, day, year) 06/28/2000 Occupation Attorney Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code Peter Nussbaum 178 Duane Street New York, NY 10013-		Name of Employer Wolff & Samson Date (month, day, year) 06/30/2000 Occupation Attorney Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code Elizabeth A. O'Brien 721 Bradford Avenue Westfield, NJ 07090-		Name of Employer Copeland Date (month, day, year) 06/05/2000 Occupation Reg VP Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Thomas D. O'Rourke 35 King Street Englewood, NJ 07631-		Name of Employer Tortise Inc. Date (month, day, year) 06/30/2000 Occupation President Aggregate Year-to-Date -> 500.00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	4,300.00
TOTAL This Period (last page this line number only)	