

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(A)(i)

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NAME OF COMMITTEE (In Full)

SUE KELLY FOR CONGRESS

C00294900

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
MANUEL E ILLIASIAS 12300 OLD CUTLER ROAD MIAMI, FL 33156	CAPITAL INTERNATIONAL SBIC, LP	4/5/99	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 1,000	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
MARY BETH EGTWICK 1021 S. BAYVIEW ST UNIT 107 ARLINGTON, VA 22204	REINSURANCE ASSOCIATION OF AMERICA	4/5/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: DIRECTOR FEDERAL AFFAIRS	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
FRANKLIN MUTTER 8458 PORTLAND PLACE MCCLEAN, VA 22102	REINSURANCE ASSOCIATION OF AMERICA	4/5/99	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
CHARLES BRIEANT 201 CEDAR LANE OSSINING NY 10562		4/5/99	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
WARREN B. HOLBY 25 MORGAN ROAD, LARCHMONT, NY 10538		4/5/99	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: RETIRED	Aggregate Year-to-Date > \$ 500	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
DR. STEPHEN POMEROY 16 FAIRVIEW AVE POUGHKEEPSIE NY 12601	Schatz Bearing Corp	4/5/99	\$250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: PRESIDENT	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt (this Period)
JEREMIAH BAGER 55 DAVIDS HILL ROAD BEDFORD HILLS NY 10501	JAMES C EDWARDS AND COMPANY	4/5/99	\$1,000
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: EMPLOYMENT CONSULTOR	Aggregate Year-to-Date > \$ 1,000	

SUBTOTAL of Receipts This Page (optional)

3,500

TOTAL This Period (last page this line number only)