

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 114

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NAME OF COMMITTEE (in Full)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa Kebe 4326 N. Washington Blvd Indianapolis, IN 46205	Republican Party Communication Director	4/24/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jay Khatau 410 - 40th St. Dunbar Grove IL 60515	Editorial Assistant	4/25/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>OWAP</u> Aggregate Year-to-Date > \$ 500		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tim Filler 1567 Agency Ct. El Cerrillo, CA 94530	A.N.A.	4/26/00	\$200
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Public Health Director</u> Aggregate Year-to-Date > \$ 200		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jaswant Gidda 2001 W. Main St. Greensfield, IN 46140	Self	4/26/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Restaurant Owner</u> 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
Hanan Qazi 1435 N. Capitol Ave Indianapolis, IN 46202	Self-employed	4/27/00	\$500
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> 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
Daniel Wood 11036 Brookville Rd. Indianapolis, IN 46234		4/27/00	\$300
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Empire</u> Aggregate Year-to-Date > \$ 300		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Estridge, Jr. 1041 W. Main St Greensfield, IN 46032	ES-ridge Co.	5/9/00	\$250
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>OWAP</u> Aggregate Year-to-Date > \$ 250		

SUBTOTAL of Receipts This Page (optional) .....

2,200

TOTAL This Period (last page this line number only) .....