

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 Thomas McAney 8 Grove Street New York NY 10014		Name of Employer Cleary, Gottlieb, Steen & Hamilton	Date (month, day, year) 05/12/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Alan Beller 867 President Street Brooklyn NY 11215		Name of Employer Cleary, Gottlieb, Steen & Hamilton	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code David Rosenberg-Wohl 3080 Washington Street San Francisco CA 94115		Name of Employer The Law Office David Rosenberg-Wohl	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Katharine Rosenberg-Wohl 3080 Washington Street San Francisco NY 94115		Name of Employer Self	Date (month, day, year) 05/14/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Playwright	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Victor Lewkow 611 Second Street Brooklyn NY 11215-2801		Name of Employer Cleary, Gottlieb, Steen & Hamilton	Date (month, day, year) 05/16/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Erika Nijenhuis 38 Skynway Pl. Brooklyn NY 11201		Name of Employer Cleary, Gottlieb, Steen & Hamilton	Date (month, day, year) 05/16/1999	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 1000.00	
Full Name, Mailing Address, and ZIP Code Ned Stiles 1 Liberty Plaza New York NY 10006		Name of Employer Cleary, Gottlieb, Steen & Hamilton	Date (month, day, year) 05/18/1999	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 Attorney	Aggregate Year-to-Date > \$ 500.00	

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)