

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE OF  
19 51  
FOR LINE NUMBER  
11(a)(i)

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**NAME OF COMMITTEE (In Full)**

Licht 2000 C00345250

<b>A. Full Name, Mailing Address and ZIP Code</b> John R. Regier 89 Farnham Street Belmont, MA 02478	Name of Employer Mintz Levin, et. al.	Date (month, day, year) 6/9/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> Michelle Gelkin, OD 2835 Smith Avenue, Suite 201 Baltimore, MD 21208	Name of Employer Self	Date (month, day, year) 4/21/00	Amount of Each Receipt this Period \$500.00
	Occupation Ophthalmologist	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> Kenneth J. Davis P. O. Box 40583 Providence, RI 02940	Name of Employer LSG, Inc.	Date (month, day, year) 5/5/00	Amount of Each Receipt this Period \$500.00
	Occupation Executive	Aggregate Year-to-Date > \$ \$600.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> John R. Robinson 8 Sound Shore Drive Greenwich, CT 06830	Name of Employer Self	Date (month, day, year) 6/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> Harvey M. Burg 28 Ralph Road Marblehead, MA 01945	Name of Employer Perkins, Smith & Cohen, LLP	Date (month, day, year) 6/20/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> Robert L. Feldman 5358 Meadow Lane Dallas, TX 75229	Name of Employer Thomas, Feldman, & Willshusen, LLP	Date (month, day, year) 6/3/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney	Aggregate Year-to-Date > \$ \$1,000.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> Stephen B. Yarras 138 East Hill Dr Cranston, RI 02920-3700	Name of Employer Self-employed	Date (month, day, year) 5/18/00	Amount of Each Receipt this Period \$250.00
	Occupation Attorney/CPA	Aggregate Year-to-Date > \$ \$250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

\$4,000.00

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