

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
Ted Strickland for Congress

Full Name, Mailing Address, and ZIP Code Carolyn Keroff 250-15 41st Drive Little Neck NY 11363	Name of Employer Colucci Umair Occupation Secretary	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Carter D. Giffin P. O. Box 328 Albany OH 45710	Name of Employer Retired Occupation	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 200.00		
Full Name, Mailing Address, and ZIP Code Carter D. Giffin P. O. Box 328 Albany OH 45710	Name of Employer Retired Occupation	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 220.00		
Full Name, Mailing Address, and ZIP Code Mark T. Musick 287 Pearl Street Jackson OH 45410-0911	Name of Employer Self Occupation Attorney	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Lorraine Myers 43 Strouds Run Road Athens OH 45701	Name of Employer Not Employed Occupation	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 20.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 320.00		
Full Name, Mailing Address, and ZIP Code Dennelle Stanley 11425 Peach Ridge Road Athens OH 45701	Name of Employer Donor Occupation Owner/President	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 50.00		
Full Name, Mailing Address, and ZIP Code Dennelle Stanley 11425 Peach Ridge Road Athens OH 45701	Name of Employer Donor Occupation Owner/President	Date (month, day, year) 10/31/2000 In-Kind Contribution for Fund-raiser	Amount of Each Receipt this Period 382.93
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 432.93		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)