

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)
Connelly for Congress

Full Name, Mailing Address, and ZIP Code	Name of Employer Information requested	Date (month, day, year)	Amount of Each Receipt this Period
John Campbell PO Box 11406 New Brunswick NJ 08906 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information requested	10/15/2000	900.00
Aggregate Year-to-Date > \$ 1000.00			
Richard Harrison PO Box 11406 New Brunswick NJ 08906 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 10/15/2000	Amount of Each Receipt this Period 1000.00
Occupation Retired			
Aggregate Year-to-Date > \$ 1000.00			
Walter Kalman 232 Merchants Ave South Plainfield NJ 07080 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 10/15/2000	Amount of Each Receipt this Period 100.00
Occupation Retired			
Aggregate Year-to-Date > \$ 900.00			
Morton Panish 9 Persimmon Way Springfield NJ 07081 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 10/15/2000	Amount of Each Receipt this Period 500.00
Occupation Doctor			
Aggregate Year-to-Date > \$ 500.00			
Kan Rotter 137 Greene Place Westfield NJ 07090 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 10/15/2000	Amount of Each Receipt this Period 250.00
Occupation Lawyer			
Aggregate Year-to-Date > \$ 350.00			
Evelyn Axelrod 17 Dublin Road Pennington NJ 08534 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 50.00
Occupation Information Requested			
Aggregate Year-to-Date > \$ 250.00			
Kay Deaux 20 East 9th Street New York NY 10003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City University of New York	Date (month, day, year) 10/16/2000	Amount of Each Receipt this Period 250.00
Occupation Professor			
Aggregate Year-to-Date > \$ 350.00			
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			