

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 38 OF 1487
FOR LINE NUMBER
11(a)(i)

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NAME OF COMMITTEE (In Full)

Friends of Giuliani Exploratory Committee

A. Full Name, Mailing Address and Zip Code Lewis Minter 8810 Lawndell Road Richmond, VA 23229- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> \$175.00	Date (month, day, year) 09/16/1999	Amount of Each Receipt this Period \$100.00
B. Full Name, Mailing Address and Zip Code Howard Brous 40 Cutter Mill Road Suite 500 Great Neck, NY 11021- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Requested Information Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 10/27/1999	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Gene Schenkman 28 Columbia Turnpike Florham Park, NJ 07932- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Alton Place Associates Occupation Partner Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/29/1999	Amount of Each Receipt this Period \$1000.00 MEMO
D. Full Name, Mailing Address and Zip Code P. McGagh 45 Broadway 32nd Floor New York, NY 10006- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Van Der Moolen, LLC Occupation Partner Aggregate Year-to-Date -> \$777.00	Date (month, day, year) 12/28/1999	Amount of Each Receipt this Period \$777.00
E. Full Name, Mailing Address and Zip Code James Feathertonhaugh 18 Seaulyer Hills Road Albany, NY 12207- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Requested Information Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 12/23/1999	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Sanford Schlesinger 425 Park Avenue New York, NY 10022- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Kay, Scholer, Firman, Hays Occupation Attorney Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 11/19/1999	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Ralph Ochsmann 1650 Tyson Boulevard Suite 620 Mc Lean, VA 22102- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self-Employed Occupation Investor Aggregate Year-to-Date -> \$100.00	Date (month, day, year) 11/01/1999	Amount of Each Receipt this Period \$100.00

SUBTOTAL of Receipts This Page (optional)

\$3977.00

TOTAL This Period (last page this line number only)