

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Friends of Giuliani Exploratory Committee

2000101728

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Herbert Trevvett PO Box 156 Poland, NY 13431-	Commercial Travelers Mutual Occupation Insurance	09/23/1999	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Stroock 714 West 19th Street Casper, WY 82601-	Retired	12/21/1999	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Puris 66 East 79th Street Apt. 14 New York, NY 10021-	Retired	08/18/1999	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Aaron Cyperstein 250 Broadway New York, NY 10007-	Requested Information	07/22/1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arthur Rock One Maritime Plaza Suite 1220 San Francisco, CA 94111-	Self-Employed Occupation Venture Capital	08/12/1999	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$1000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Masi 225 Meridian Avenue San Jose, CA 95126-	Self-Employed Occupation Physician	11/18/1999	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carl Palmieri 489 Fairfield Beach Road Fairfield, CT 06430-	Retired	11/29/1999	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		\$100.00

SUBTOTAL of Receipts This Page (optional)	\$3200.00
TOTAL This Period (last page this line number only)	