

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	3 / 35
			FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)
Bill Sublette for US Congress

Full Name, Mailing Address, and ZIP Code David Bressler 9419 Belmont Terrace Oviedo FL 32765 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer The Bressler Companies Occupation President Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 01/05/2000	Amount of Each Receipt this Period 1000.00 check
Full Name, Mailing Address, and ZIP Code Leonard Williams 2518 Norfolk Rd. Orlando FL 32805 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Wayne Densch, Inc. Occupation Business Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/05/2000	Amount of Each Receipt this Period 500.00 check
Full Name, Mailing Address, and ZIP Code Stanley Tate 1175 NE 125th Street Suite 102 North Miami FL 33161 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Stanley Tate Bulder Occupation Business Owner Aggregate Year-to-Date > \$ 50.00	Date (month, day, year) 01/06/2000	Amount of Each Receipt this Period 50.00 check
Full Name, Mailing Address, and ZIP Code Stanley Tate 1175 NE 125th Street Suite 102 North Miami FL 33161 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Stanley Tate Bulder Occupation Business Owner Aggregate Year-to-Date > \$ 1000.00	Date (month, day, year) 01/06/2000	Amount of Each Receipt this Period 950.00 check
Full Name, Mailing Address, and ZIP Code Dr. Kendrix Adcock 700 Westwind Ct. Maitland FL 32751 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/11/2000	Amount of Each Receipt this Period 500.00 check
Full Name, Mailing Address, and ZIP Code Dr. Robert Winter 131 Stonehill Dr. Maitland FL 32751 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Self Employed Occupation Physician Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/12/2000	Amount of Each Receipt this Period 500.00 check
Full Name, Mailing Address, and ZIP Code Paul Curtis 425 West Colonial Dr. Suite 201 Orlando FL 32804 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Name of Employer Paul Curtis Properties Occupation Owner Aggregate Year-to-Date > \$ 500.00	Date (month, day, year) 01/14/2000	Amount of Each Receipt this Period 500.00 check

SUBTOTALS of Receipts This Page (Optional)	
TOTALS This Period (last page this line number only)	