

<b>SCHEDULE A</b>	<b>ITEMIZED RECEIPTS</b>	Use separate schedule(s) for each category of the Detailed Summary Page	<b>4 / 16</b>
			FOR LINE NUMBER <b>11A1</b>

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**NAME OF COMMITTEE (In Full)**  
**CLARKE 2000**

<b>Full Name, Mailing Address, and ZIP Code</b> ROBERT J. MILLER 494 EAST 18TH. STREET  BROOKLYN NY 11226-6702  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> PARKER, DURYER  <b>Occupation</b> ATTORNEY  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 09/24/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> RANSFORD C. NEWMAN 829 EASTERN PWY  BROOKLYN NY 11215  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> MEDICAL DOCTOR  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 09/24/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> MICHAEL JAMES O'NEILL 23 CAYUGA ROAD  SCARSDALE NY 10583  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> WRITER  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 09/24/1999	<b>Amount of Each Receipt this Period</b> 500.00
<b>Full Name, Mailing Address, and ZIP Code</b> CRAIG A. REYNOLDS 25 WEST 43RD. STREET SUITE 900 NEW YORK NY 10036  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> COMMERCIAL CAPTIAL CORP  <b>Occupation</b> FINANCE  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 09/24/1999	<b>Amount of Each Receipt this Period</b> 250.00
<b>Full Name, Mailing Address, and ZIP Code</b> REBA WHITE-WILLIAMS 1345 AVENUE OF AMERICAS  NEW YORK NY 10105  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> ALLIANCE CAPITAL MANAGEMENT  <b>Occupation</b> INVESTOR  <b>Aggregate Year-to-Date</b> > \$ 698.01	<b>Date (month, day, year)</b> 09/27/1999  IN-KIND CONTRIBUTION	<b>Amount of Each Receipt this Period</b> 698.01
<b>Full Name, Mailing Address, and ZIP Code</b> ALAN L. BELLER 867 PRESIDENT STREET  BROOKLYN NY 11215  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> CLEARY, GOTTLIEB, STEEN & HAMILTON  <b>Occupation</b> ATTORNEY  <b>Aggregate Year-to-Date</b> > \$ 1000.00	<b>Date (month, day, year)</b> 11/03/1999	<b>Amount of Each Receipt this Period</b> 1000.00
<b>Full Name, Mailing Address, and ZIP Code</b> PETER C. CAMPANELLI 6 AMALIE COURT  MANALAPAN NJ 07726  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> DOCTOR  <b>Aggregate Year-to-Date</b> > \$ 75.00	<b>Date (month, day, year)</b> 11/03/1999	<b>Amount of Each Receipt this Period</b> 75.00
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....			
<b>TOTALS</b> This Period (last page this line number only) .....			