

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda N. Emmons 111 Yankee Peddle Path Madison, CT 06443	none	07/24/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		(Memo Entry)
	Aggregate Year-to-Date > \$	0.00	
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Moore Capito, U.S. HOUSE 2nd WV and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Linda N. Emmons 111 Yankee Peddle Path Madison, CT 06443	none	07/24/00	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		(Memo Entry)
	Aggregate Year-to-Date > \$	0.00	
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code Betty Ford PO Box 927 Rancho Mirage, CA 92270-0927	Betty Ford Center	07/05/00	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chairman		
	Aggregate Year-to-Date > \$	500.00	
F. Full Name, Mailing Address and ZIP Code Joanne G. Fox 323 Griswold Road Wethersfield, CT 06109-3627	none	07/20/00	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		(Memo Entry)
	Aggregate Year-to-Date > \$	0.00	
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Johnson, U.S. HOUSE 2nd NY and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only)