

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 15 OF 47
FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Stabenow for Senate C0034473

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natalie H Thrall 12003 Pebble Hill Dr Houston, TX 77024-5144		7/5/00	\$200.00 *
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker		
	Aggregate Year-to-Date > \$	\$350.00	
B. Full Name, Mailing Address and ZIP Code EMILY's List 805 16th St NW Washington, DC 20005	Name of Employer Note: Above Contribution earmarked through this org.	Date (month, day, year) 7/5/00	Amount of Each Receipt this Period MEMO \$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Conduit total: \$28,490.00		
	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code Claire S Colman MD 2725 Endsleigh Dr Bloomfield Hills, MI 48301	Name of Employer Self-employed	Date (month, day, year) 7/10/00	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Psychiatrist		
	Aggregate Year-to-Date > \$	\$626.00	
D. Full Name, Mailing Address and ZIP Code John P McCormick 3368 Starboard Dr Holland, MI 48424-8045	Name of Employer	Date (month, day, year) 7/10/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$1,100.00	
E. Full Name, Mailing Address and ZIP Code Charles Trick 31811 W Chicago St Livonia, MI 48150	Name of Employer	Date (month, day, year) 7/18/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date > \$	\$500.00	
F. Full Name, Mailing Address and ZIP Code Steven G Schulman 350 E 82nd St #18A New York, NY 10028	Name of Employer Milberg Weiss Bershad Hynes & Lerach	Date (month, day, year) 7/13/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	\$500.00	
G. Full Name, Mailing Address and ZIP Code Frederick D Elias 5528 Deerfoot Trl West Bloomfield, MI 48323	Name of Employer Elias & Elias	Date (month, day, year) 7/12/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date > \$	\$1,000.00	

SUBTOTAL of Receipts This Page (optional)

\$2,800.00

TOTAL This Period (last page this line number only)