

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		<b>51 / 84</b>
		Use separate schedule(s) for each category of the Detailed Summary Page		<b>FOR LINE NUMBER 17A</b>
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.				
<b>NAME OF COMMITTEE (In Full)</b> <b>Nader 2000 Primary Committee, Inc.</b>				
<b>Full Name, Mailing Address, and ZIP Code</b> Ms. Billie B. Hardy  505 S Main Ave  Tucson AZ 05701-2220  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> None  <b>Occupation</b> Retired  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/05/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Douglas J. Smith  5959 Abernathy Dr  Los Angeles CA 90045-1821  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/04/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Leonard Zablow  5610 Post Rd  Bronx NY 10471-2609  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Howard Hughes Medical Research Institut  <b>Occupation</b> Physicist  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/04/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Lester E. Embree  102 Dale Blvd  Delray Beach FL 33444-3848  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Florida Atlantic University  <b>Occupation</b> Professor  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/12/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Lawrence Ottinger  3106 Cummings Lane  Chevy Chase MD 20815  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Th Aspen Institute  <b>Occupation</b> Nonprofit Mgt  <b>Aggregate Year-to-Date</b> > \$ 500.00	<b>Date (month, day, year)</b> 05/04/2000	<b>Amount of Each Receipt this Period</b> 500.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ms. Barbara Zeluck  45 W 10th Street Apt. 2G New York NY 10011-8727  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> none  <b>Occupation</b> Retired  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/12/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Ms. Mae Sander  5217 Chelan Cv  Lake Worth FL 33467-5514  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) :	<b>Name of Employer</b> Information Requested  <b>Occupation</b> Information Requested  <b>Aggregate Year-to-Date</b> > \$ 250.00	<b>Date (month, day, year)</b> 05/04/2000	<b>Amount of Each Receipt this Period</b> 250.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....				
<b>TOTALS</b> This Period (last page this line number only) .....				