

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

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**NAME OF COMMITTEE (In Full)**

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Andrew Tobias 787 NE 71st Street Miami, FL 33138-5717	Self	4/25/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Writer	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code Leonard Tankel 268 South Parkway Golden Beach, FL 33160	Self	6/14/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$	\$250.00
C. Full Name, Mailing Address and ZIP Code Sally Trahin 1215 W 63rd Street Kansas City, MO 64113	Information	6/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Requested	Aggregate Year-to-Date > \$	\$250.00
D. Full Name, Mailing Address and ZIP Code Sheryl Tropin 5845 SW 93rd St. Miami, FL 33156	Self	6/6/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney/Homemaker	Aggregate Year-to-Date > \$	\$250.00
E. Full Name, Mailing Address and ZIP Code Joan Turnoff 1945 NE 206th Terrace Miami Beach, FL 33179		6/30/00	\$100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	Aggregate Year-to-Date > \$	\$300.00
F. Full Name, Mailing Address and ZIP Code Ella Upsher 1904 South Ocean Drive Hallandale, FL 33009	Retired	6/27/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	\$1,500.00
G. Full Name, Mailing Address and ZIP Code Sylvia Urtich 2500 SW 75th Avenue Miami, FL 33144	Westchester Hospital	6/12/00	\$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Hospital Administrator	Aggregate Year-to-Date > \$	\$1,250.00

**SUBTOTAL** of Receipts This Page (optional) ..... \$3,350.00

**TOTAL** This Period (last page this line number only) .....