

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(8)(i)

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NAME OF COMMITTEE (In Full)

Elaine Bloom for Congress C00345405

A. Full Name, Mailing Address and ZIP Code Leyla Zelcer 9999 Collins Ave., Apt. 18K Bal Harbor, FL 33154	Name of Employer Self	Date (month, day, year) 6/14/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Homemaker	Aggregate Year-to-Date \$	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Marcia Zernitz 12000 N. Bayshore Dr.# 409 North Miami, FL 33181-2850	Name of Employer Jewish Museum of Florida	Date (month, day, year) 5/16/00	Amount of Each Receipt this Period \$250.00
	Occupation Museum Director	Aggregate Year-to-Date \$	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code Seymour Ziff 2660 S. Ocean Blvd., Apt. 701W Palm Beach, FL 33480	Name of Employer Information	Date (month, day, year) 5/10/00	Amount of Each Receipt this Period \$150.00
	Occupation Requested	Aggregate Year-to-Date \$	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Seymour Ziff 2660 S. Ocean Blvd., Apt. 701W Palm Beach, FL 33480	Name of Employer Information	Date (month, day, year) 5/2/00	Amount of Each Receipt this Period \$100.00
	Occupation Requested	Aggregate Year-to-Date \$	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	\$1,500.00
TOTAL This Period (last page this line number only)	\$231,675.00