

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER **11a1**

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NAME OF COMMITTEE (In Full)
Elect Life

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Veronica K. Smith RR 11 Box 3650 Lake City, FL 32024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	7/13/00	\$ 100-
Aggregate Year-to-Date > \$ 300-			
B. Full Name, Mailing Address and ZIP Code Joe Guy 20 West bridge Dr Hendersonville, NC 28739 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	7/14/00	\$ 100-
Aggregate Year-to-Date > \$ 325-			
C. Full Name, Mailing Address and ZIP Code Genevieve Ellis NC 63 Box 1415 Cakona, AK 99586 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	7/14/00	\$ 100-
Aggregate Year-to-Date > \$ 2100-			
D. Full Name, Mailing Address and ZIP Code Mary Ann Iacometti 1725 Elm Ave SAN Diego, CA 92154 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	7/17/00	\$ 10-
Aggregate Year-to-Date > \$ 2100-			
E. Full Name, Mailing Address and ZIP Code Cary Garman 1920 Cachuma Ave Ventura, CA 93004 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	7/17/00	\$ 50-
Aggregate Year-to-Date > \$ 175-			
F. Full Name, Mailing Address and ZIP Code Anita Krellner 1536 Bucktail Tr. St Marys, PA 15857 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	7/17/00	\$ 200-
Aggregate Year-to-Date > \$ 275-			
G. Full Name, Mailing Address and ZIP Code Robert Fogler 1905 Chandelle Ln NE Albuquerque, NM 87112 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation	7/19/00	\$ 150-
Aggregate Year-to-Date > \$ 225-			

SUBTOTAL of Receipts This Page (optional) **\$ 710-**

TOTAL This Period (last page this line number only)