

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category on the Detailed Summary page

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NAME OF COMMITTEE (In Full) Ciresi for Senate			
A. Full Name, Mailing Address and Zip Code Anthony Tarricone 95 Commercial Wharf Boston, MA 02110-3816		Name of Employer Sarrouf Tarricone & Fleming Occupation Attorney	Date (month, day, year) 07/25/2000 Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 500.00	
B. Full Name, Mailing Address and Zip Code Mark A. Tate 5 Heron's Nest Savannah, GA 31410-		Name of Employer Middleton Mathis Adams & Tate Occupation Attorney	Date (month, day, year) 08/01/2000 Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 500.00	
C. Full Name, Mailing Address and Zip Code Jennifer Jewell Thomas 4744 Thomas Avenue South Minneapolis, MN 55410-		Name of Employer Self-employed Occupation Consultant	Date (month, day, year) 08/17/2000 Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date -> 250.00	
D. Full Name, Mailing Address and Zip Code John C. Thornton 450 Newport Center Drive Suite 225 Newport Beach, CA 92660-		Name of Employer Andrews & Thornton Occupation Attorney	Date (month, day, year) 08/22/2000 Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Partnership -> Andrews & Thornton Aggregate Year-to-Date -> 250.00	MEMO
E. Full Name, Mailing Address and Zip Code Andrews & Thornton 450 Newport Center Drive Suite 225 Newport Beach, CA 92660-		Name of Employer Partnership Attribution Listed Individually Occupation See separate listing for partnership	Date (month, day, year) Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ->	
F. Full Name, Mailing Address and Zip Code Michael P. Thornton 100 Summer Street 30th Floor Boston, MA 02110-		Name of Employer Thornton & Naumes LLP Occupation Attorney	Date (month, day, year) 07/25/2000 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)		Event Expense Aggregate Year-to-Date -> 1,000.00	IN-KIND
G. Full Name, Mailing Address and Zip Code W. Frederick Uehlein 12 Columbine Road Weston, MA 02493-		Name of Employer Insurance Recovery Group Occupation Executive	Date (month, day, year) 07/25/2000 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)		Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	