

SCHEDULE A		ITEMIZED RECEIPTS		(Use separate schedule(s) for each category of the Detailed Summary Page)	17 / 47
					FOR LINE NUMBER 11A1
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NAME OF COMMITTEE (in Full) Friends of Susan Bitter Smith					
Full Name, Mailing Address, and ZIP Code Jason Hill  1501 Twisting Tree Lane Mc Lean VA 22101		Name of Employer Amer. Assn. of Museums  Occupation Director		Date (month, day, year) 07/16/2000	Amount of Each Receipt this Period 25
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100			
Full Name, Mailing Address, and ZIP Code Jean Clark  59 Mooreland Road Greenwich CT 06831		Name of Employer Requested - Not received  Occupation Requested - Not received		Date (month, day, year) 07/17/2000	Amount of Each Receipt this Period 100  Memo
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100			
Full Name, Mailing Address, and ZIP Code Jean M. Warren  6610 Hillcrest Ave. Oklahoma City OK 73118		Name of Employer None  Occupation Retired		Date (month, day, year) 07/24/2000	Amount of Each Receipt this Period 100  Memo
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100			
Full Name, Mailing Address, and ZIP Code Jannette Naman  507 Bolton Place Houston TX 77024		Name of Employer Self Employed  Occupation Consultant		Date (month, day, year) 07/25/2000	Amount of Each Receipt this Period 250  Memo
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250			
Full Name, Mailing Address, and ZIP Code Jeffrey Ofstedahl  1828 E. Earl Drive Phoenix AZ 85016		Name of Employer Self Employed  Occupation Writer		Date (month, day, year) 07/26/2000	Amount of Each Receipt this Period 100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100			
Full Name, Mailing Address, and ZIP Code Jemy Chevront  50 E. Pierson Street Phoenix AZ 85012		Name of Employer Self Employed  Occupation Contractor		Date (month, day, year) 08/03/2000	Amount of Each Receipt this Period 100
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 100			
Full Name, Mailing Address, and ZIP Code Jill Fried  5120 Encino Avenue Encino CA 91316		Name of Employer None  Occupation Homemaker		Date (month, day, year) 07/13/2000	Amount of Each Receipt this Period 25  Memo
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 25			
TOTAL THIS PERIOD (last page this line number only)					