

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the detailed summary page

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NAME OF COMMITTEE (In Full) Greenwood for Congress			
A. Full Name, Mailing Address and Zip Code Andrew Wigglesworth 600 North 22nd Street Apartment 3 West Philadelphia, PA 19130- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Del. Val. Healthcare Council Occupation President	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00
B. Full Name, Mailing Address and Zip Code William Wilson 7511 St. Martins Lane Philadelphia, PA 19118- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Synterra Ltd. Occupation site architecture	Date (month, day, year) 09/11/2000	Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00
C. Full Name, Mailing Address and Zip Code Rick Winningham 12 Weatherfield Drive Newtown, PA 18940- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Bristol-Myers Squibb Co Occupation Executive	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date -> 1,000.00
D. Full Name, Mailing Address and Zip Code Janine Yass 214 Cheswood Lane Haverford, PA 19041-1804 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Homemaker	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date -> 1,000.00
E. Full Name, Mailing Address and Zip Code Jeff Yass 214 Cheswood Lane Haverford, PA 19041- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Susquehanna Partners Occupation Partner	Date (month, day, year) 08/07/2000	Amount of Each Receipt this Period 1,000.00 Aggregate Year-to-Date -> 1,000.00
F. Full Name, Mailing Address and Zip Code Robert Young 150 Lynnebrook Lane Philadelphia, PA 19118-2707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Fox Chase Cancer Center Occupation Physician	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period 250.00 Aggregate Year-to-Date -> 250.00
G. Full Name, Mailing Address and Zip Code Robert Young 150 Lynnebrook Lane Philadelphia, PA 19118-2707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Fox Chase Cancer Center Occupation Physician	Date (month, day, year) 09/25/2000	Amount of Each Receipt this Period 500.00 Aggregate Year-to-Date -> 750.00

SUBTOTAL of Receipts This Page (optional)	4,250.00
TOTAL This Period (last page this line number only)	