

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (In Full)

WOMEN UNITE 2000

A. Full Name, Mailing Address and ZIP Code Larisa Schoenbeck-Morrison 2155 West Huron Chicago, IL 60612		Name of Employer Requested	Date (month, day, year) 03/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Requested	Aggregate Year-to-Date > \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Robert M. Schroyer 1620 Spruce Avenue Highland Park, IL 60035		Name of Employer Associated Agencies, Inc.	Date (month, day, year) 03/27/00	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Insurance	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code Marjorie P. Shafton 1320 North State Parkway Chicago, IL 60610		Name of Employer Requested	Date (month, day, year) 03/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Requested	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Linda Rae Sher 50 East Bellvue Chicago, IL 60611		Name of Employer JACPAC	Date (month, day, year) 03/27/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Special Projects	Aggregate Year-to-Date > \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code Rebecca A. Sive 1235 North Astor Chicago, IL 60610		Name of Employer The Sive Group	Date (month, day, year) 03/27/00	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Consultant	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Heather A. Steans 5348 North Lakewood Avenue Chicago, IL 60640		Name of Employer LaSalle Bank	Date (month, day, year) 02/14/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Requested	Aggregate Year-to-Date > \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Christina M. Tchen 5444 North Magnolia Avenue Chicago, IL 60640		Name of Employer Skadden, Arps	Date (month, day, year) 03/27/00	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)