

SCHEDULE A

ITEMIZED RECEIPTS

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

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For Line: 11a1

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Effective Government Committee

A. Full Name, Address, Zip Code	Name of Employer	Date	Amount
McAuliffe, Terence R. 7527 Old Dominion Drive McLean VA 22102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): 1999	McAuliffe, Kelly Occupation Partner Aggregate Year-To-Date > \$ 5,000.00	09/20/99	\$5,000.00
B. Full Name, Address, Zip Code Milstein, Constance 25 West 46th Street, 5th Floor New York NY 10036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): 1999	Self-Employed Occupation Investor Aggregate Year-To-Date > \$ 2,000.00	10/07/99	\$2,000.00
C. Full Name, Address, Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date	Amount
D. Full Name, Address, Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date	Amount
E. Full Name, Address, Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date	Amount
F. Full Name, Address, Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date	Amount
G. Full Name, Address, Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	Name of Employer Occupation Aggregate Year-To-Date > \$	Date	Amount
SUBTOTAL of Receipts This Page (Optional)			\$7,000.00
TOTAL This Period (last page this line number only)			\$7,000.00