

SCHEDULE A

ITEMIZED RECEIPTS

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (in Full)
Dear 2000, INC

<p>Full Name, Mailing Address, and ZIP Code Mark Shapiro 10700 West Higgins Road Room 300 Rosemont IL 60018</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer First Health Care Associates</p> <p>Occupation VP of Operations</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 06/20/2000</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Joseph Shenker 62-08 Grenfell Street Kew Gardens NY 11415</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer Sullivan & Cromwell</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 05/23/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Tatiana Shlomovich 1482 East 10th Street Brooklyn NY 11230</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer Maimonides Hospital</p> <p>Occupation Patient Representative</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 05/23/2000</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Vladimir Shvartsmah 363A Hylan Boulevard Staten Island NY 10305</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer Transit Systems Inc</p> <p>Occupation Insurance Clerk</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date (month, day, year) 04/04/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>Full Name, Mailing Address, and ZIP Code David Shweky 2085 East 4th Street Brooklyn NY 11223</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer Designs by Skaffels</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 05/17/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>Full Name, Mailing Address, and ZIP Code Chaya Sicherman 1451 52nd Street #A6 Brooklyn NY 11219</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 05/30/2000</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>Full Name, Mailing Address, and ZIP Code Joseph Sicherman 1451 52nd Street #A8 Brooklyn NY 11219</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :</p>	<p>Name of Employer Sicherman Management</p> <p>Occupation Accounting Manager</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year) 05/30/2000</p>	<p>Amount of Each Receipt this Period 1000.00</p>
<p>SUBTOTALS of Receipts This Page (Optional)</p>			
<p>TOTALS This Period (last page this line number only)</p>			