

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Lincoln Chafee for U.S. Senate

<p>A. Full Name, Mailing Address and Zip Code Samuel Reid 2722 O Street, N.W. Washington, DC 20007-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer State of RI</p> <p>Occupation Governor's D.C. Office</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 10/06/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and Zip Code Alexandria Reynolds 619C Ministerial Road Wakefield, RI 02879-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Quantech</p> <p>Occupation Fisheries Biologist</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 10/03/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Claire Richards 105 Arlington Avenue Providence, RI 02906-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer State of RI</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/16/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Herbert Richman PO Box 2156 Middleburg, VA 20118-2156</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/08/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code David Rickard 62 Pojac Point Road North Kingstown, RI 02852-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CVS</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 10/01/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Marie Ridder 1219 Crest Lane Mc Lean, VA 22101-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer housewife</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/01/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Rory Riggs 333 West End Ave., Apt. 14C New York, NY 10023-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information Requested</p> <p>Occupation</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 10/01/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>

SUBTOTAL of Receipts This Page (optional)

\$4,450.00

TOTAL This Period (last page this line number only)