

SCHEDULE A

ITEMIZED RECEIPTS

Contributions From Individuals (Itemized)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
Lazio 2000, Inc.

Full Name, Mailing Address and ZIP Code Mr. Joseph Caldarella 591 Sheldon Avenue Staten Island, NY 10312	Name of Employer Bristol-Myers Squibb Co	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period \$250.00
	Occupation Finance		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 250.00		

Full Name, Mailing Address and ZIP Code Mr. Bruce Calder 5528 Montrose Dr Dallas, TX 75209-5610	Name of Employer Self-Employed	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period \$500.00
	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		

Full Name, Mailing Address and ZIP Code Mrs. Carol Y. Calder 3303 Lee Pkwy Ste 420 Dallas, TX 75209	Name of Employer None	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period \$500.00
	Occupation Homemaker		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 500.00		

Full Name, Mailing Address and ZIP Code Mrs. Giuliana A. Calderone 930 Chambers Road Horseheads, NY 14845	Name of Employer Montessori School	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation Teacher		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 1,000.00		Reattributed from Dr. Joseph E. Calderone

Full Name, Mailing Address and ZIP Code Mrs. Giuliana A. Calderone 930 Chambers Road Horseheads, NY 14845	Name of Employer Montessori School	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation Teacher		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 2,000.00		Reattributed from Dr. Joseph E. Calderone

Full Name, Mailing Address and ZIP Code Dr. Joseph E. Calderone 930 Chambers Road Horseheads, NY 14845	Name of Employer Self-Employed	Date (month, day, year) 09/12/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation Physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 2,000.00		Redesignation - Reatribution Requested

Full Name, Mailing Address and ZIP Code Dr. Joseph E. Calderone 930 Chambers Road Horseheads, NY 14845	Name of Employer Self-Employed	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period (\$1,000.00)
	Occupation Physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 2,000.00		Reattributed to Mrs. Giuliana A. Calderone

SUBTOTAL of Receipts This Page (optional)	\$ 3,250.00
TOTAL This Period (last page this line number only)	

3
0
2
1
0
0
2
1
0
2