

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

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)

Elaine Bloom for Congress C00345405

<p>A. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005</p>	<p>Name of Employer Note: Above Contribution earmarked through this organi Occupation Conduit total: \$53,599.50</p>	<p>Date (month, day, year) 9/22/00</p>	<p>Amount of Each Receipt this Period MEMO \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>B. Full Name, Mailing Address and ZIP Code Ray Ellen Yarkin 10340 W. Broadview Drive Miami Beach, FL 33154</p>	<p>Name of Employer Self Employed Occupation Lawyer</p>	<p>Date (month, day, year) 9/8/00</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$1,000.00</p>		
<p>C. Full Name, Mailing Address and ZIP Code Jerome Yavitz 1052 Kane Concourse Bay Harbor Islands, FL 33154</p>	<p>Name of Employer Information Occupation Requested</p>	<p>Date (month, day, year) 9/15/00</p>	<p>Amount of Each Receipt this Period \$300.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$300.00</p>		
<p>D. Full Name, Mailing Address and ZIP Code Sophia Yen 222 Parnassus Avenue #F San Francisco, CA 94117</p>	<p>Name of Employer UC San Francisco Medical School Occupation Fellow Physician in Adolesce</p>	<p>Date (month, day, year) 9/19/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$250.00</p>		
<p>E. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005</p>	<p>Name of Employer Note: Above Contribution earmarked through this organi Occupation Conduit total: \$53,599.50</p>	<p>Date (month, day, year) 9/19/00</p>	<p>Amount of Each Receipt this Period MEMO \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		
<p>F. Full Name, Mailing Address and ZIP Code Myrth York 48 Lloyd Avenue Providence, RI 02906</p>	<p>Name of Employer York Resources, Inc. Occupation Executive</p>	<p>Date (month, day, year) 9/5/00</p>	<p>Amount of Each Receipt this Period \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$250.00</p>		
<p>G. Full Name, Mailing Address and ZIP Code Emily's List 805 15th Street, NW, Suite 400 Washington, DC 20005</p>	<p>Name of Employer Note: Above Contribution earmarked through this organi Occupation Conduit total: \$53,599.50</p>	<p>Date (month, day, year) 9/5/00</p>	<p>Amount of Each Receipt this Period MEMO \$250.00</p>
<p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Aggregate Year-to-Date > \$</p>		

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$1,800.00</p>
<p>TOTAL This Period (list page this line number only)</p>	