

ITEMIZED RECEIPTS

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ASDC/DOLLARS FOR DEMOCRATS
SCHEDULE A
000073791

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FOR LINE NUMBER
11A

FULL NAME MAILING ADDRESS ZIP CODE	NAME OF EMPLOYER OCCUPATION	AGGREGATE YTD	PAYMENT DATE(S)	AMT OF EACH RECEIPT
MRS JANE NORMAN 169 LANGLEY HILL RD GREENWICH NY 12834 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	RETIRED	300.00	11/10/00	150.00
MR ROBERT MORRIS 110 W 86TH ST APT 8A NEW YORK NY 10024 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	CHE ADMINISTRATION	420.00	10/07/00	150.00
MRS JOAN NURSE 248 E 32ND ST BROOKLYN NY 11226 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	KINGS COUNTY HOSPITAL CENTER CLINICAL DIETITIAN	210.00	10/25/00	50.00
MR WILLIAM OGDORAH 350 RIDGE RD DOUGLASTON NY 11363 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	STATE INSURANCE FUNDS ATTORNEY	225.00	10/18/00	125.00
MR CHRISTOPHER PACI 1172 PARK AVE APT 4-C NEW YORK NY 10120 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REQUESTED	250.00	10/25/00	150.00
MR MORRIS PEARL 1020 PARK AVE APT 7A NEW YORK NY 10028 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	PAINE WEBBER MANAGING DIRECTOR	500.00	10/04/00	500.00
MS VITA PELLETTIERI 300 E 51ST ST APT 14F NEW YORK NY 10022 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): _____	REFUSED CONSULTING PHYSICIST	450.00	10/18/00	100.00

SUBTOTAL of Receipts This Page

\$1225.00