

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

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NAME OF COMMITTEE (In Full)

Stabenow for Senate C00344473

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard T Burke 41 Fairway Dr Plymouth, MA 02360	University of Massachusetts Occupation University Administrator	9/5/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ \$325.00	
B. Full Name, Mailing Address and ZIP Code Michael Hohausier 3250 W Big Beaver Rd #620 Troy, MI 48064	Name of Employer Hamisch & Hohausier PC Occupation Attorney	Date (month, day, year) 9/22/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ \$2,000.00	
C. Full Name, Mailing Address and ZIP Code Michael MacGregor 1200 Baker Rd Fenton, MI 48430-1166	Name of Employer Huron Valley Schools Occupation Social Worker	Date (month, day, year) 8/8/00	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ \$500.00	
D. Full Name, Mailing Address and ZIP Code Frederick P Furth 10300 Chalk Hill Rd Healdsburg, CA 95448	Name of Employer Self-employed Occupation Attorney	Date (month, day, year) 8/23/00	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ \$1,000.00	
E. Full Name, Mailing Address and ZIP Code David L Rokoff 30 Greylock Rd Wellesley Hills, MA 02481	Name of Employer Self-employed Occupation Consultant	Date (month, day, year) 9/30/00	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ \$250.00	
F. Full Name, Mailing Address and ZIP Code Julene Katz 7300 Radice #309 Fort Lauderdale, FL 33319	Name of Employer Occupation Retired	Date (month, day, year) 8/28/00	Amount of Each Receipt this Period \$75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ \$250.00	
G. Full Name, Mailing Address and ZIP Code Julene Katz 7800 Radice #309 Fort Lauderdale, FL 33319	Name of Employer Occupation Retired	Date (month, day, year) 8/2/00	Amount of Each Receipt this Period \$75.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ \$250.00	
SUBTOTAL of Receipts This Page (optional)			\$3,000.00
TOTAL This Period (last page this line number only)			