

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category on the
Detailed Summary PagePAGE 308 OF 426
FOR LINE NUMBER
17 (a)

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NAME OF COMMITTEE (In Full)

Forbes 2000, Inc.

A. Full Name, Mailing Address and Zip Code Carol Loback 5738 E. Via Buena Vis Paradise Valley, AZ 85253-8128	Name of Employer N/A	Date (month, day, year) 05/07/1999	Amount of Each Receipt this Period 250.00
	Occupation None		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
B. Full Name, Mailing Address and Zip Code Melville Strauss One York Plaza, 30th floor New York, NY 10004	Name of Employer Weiss, Peck & Greer	Date (month, day, year) 06/25/1999	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
C. Full Name, Mailing Address and Zip Code A. Hoffman 1108 N. Shore Drive Carlsbad, NM 88220-4658	Name of Employer Self Employed	Date (month, day, year) 05/07/1999	Amount of Each Receipt this Period 250.00
	Occupation Physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code A. Hoffman 1108 N. Shore Drive Carlsbad, NM 88220-4658	Name of Employer Self Employed	Date (month, day, year) 06/14/1999	Amount of Each Receipt this Period 250.00
	Occupation Physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
E. Full Name, Mailing Address and Zip Code Elaine Soloniuk P.O. Box 324 Lewiston, ID 83501-0324	Name of Employer N/A	Date (month, day, year) 05/07/1999	Amount of Each Receipt this Period 500.00
	Occupation Homemaker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 500.00		
F. Full Name, Mailing Address and Zip Code Holland Coors 2700 Virginia Avenue N.W. No. 702 Washington, DC 20037	Name of Employer Information Requested	Date (month, day, year) 05/10/1999	Amount of Each Receipt this Period 1,000.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
G. Full Name, Mailing Address and Zip Code Thomas Pressly 802 Trabue Shreveport, LA 71106	Name of Employer Information Requested	Date (month, day, year) 05/10/1999	Amount of Each Receipt this Period 300.00
	Occupation		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 300.00		

SUBTOTAL of Receipts This Page (optional)

3,550.00

TOTAL This Period (last page this line number only)