REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 19 A 11:33

1. NAME OF COMMITTEE (In full)

The WISH List

ADDRESS (number and street) ☐ Check if different than previously reported

3205 N Street, NW

CITY, STATE and ZIP CODE

Washington, DC 20007

2. FEC IDENTIFICATION NUMBER

C00258277

3. [X] This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☐ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid Year Report (Non-election Year Only)

☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
[X] April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

☐ Thirtieth day report following the General Election on

_____ in the State of _____

(b) Is this Report an Amendment? ☐ YES [X] NO

SUMMARY 5. Covering Period 3/1/00 through 3/31/00	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2000		$ 191,222.73
(b) Cash on Hand at Beginning of Reporting Period	$ 198,675.41	
(c) Total Receipts (from line 19)	$ 67,947.23	$ 157,728.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 266,622.64	$ 348,950.94
7. Total Disbursements (from Line 30)	$ 61,337.04	$ 143,665.34
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 205,285.60	$ 205,285.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kimberly R. Coupounas

Signature of Treasurer

Kimberly R. Coupounas

Date

4/17/2000

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 437g.

FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: The MISE List

REPORT COVERING PERIOD: FROM 03/01/00 TO: 03/31/00

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) from:		
a. Individuals/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	44,570.00	87,570.00
ii. Unitemized	9,744.00	36,384.00
iii. Total (add i and ii) ▶	54,314.00	123,954.00
b. Political Party Committees	250.00	250.00
c. Other Political Committees (such as PACs)	1,250.00	1,250.00
d. Total Contributions (add a iii, b and c) ▶	55,814.00	125,454.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	12,133.23	32,274.21
18. Transfers from Nonfederal Account for Joint Activity	67,947.23	157,726.21
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	55,814.00	125,454.00
20. Total Federal Receipts (subtract line 18 from line 19) ▶		
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)	36,437.34	93,291.19
i. Federal Share	12,145.67	30,890.86
ii. Non-Federal Share	1,627.01	2,058.43
b. Other Federal Operating Expenditures	50,210.02	126,240.48
c. Total Operating Expenditures (Add a i, a ii, and b) ▶		
22. Transfers to Affiliated/Other Party Committees	11,127.02	17,424.86
23. Contributions to Federal Candidates/Committees and Other Political Committees		
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (Add a, b and c) ▶		
29. Other Disbursements	61,337.04	143,665.34
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	49,191.37	112,774.48
31. Total Federal Disbursements (subtract line 21 a i from line 30) ▶		
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	55,814.00	125,454.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	55,814.00	125,454.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	38,064.35	95,349.62
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ▶	38,064.35	95,349.62

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 66

FOR LINE NUMBER 11 a i

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)
The WISH List

A. Full Name, Mailing Address and ZIP Code Beverly W. Aisenbrey 143 Old Post Road Croton-on-Hudson, NY 10520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Fred W. Cook & Co. Occupation Management Consultant Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Beverly W. Aisenbrey 143 Old Post Road Croton-on-Hudson, NY 10520 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Fred W. Cook & Co. Occupation Management Consultant Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period -
E. Full Name, Mailing Address and ZIP Code Margaret Allee 2804 Cardinal Drive Vero Beach, FL 32963-2068 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 20.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Margaret Allee 2804 Cardinal Drive Vero Beach, FL 32963-2068 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 20.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check.

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code
Margaret Allee
2604 Cardinal Drive
Vero Beach, FL 32963-2068

Name of Employer

Occupation
Retired

Date (month, day, year)
03/08/00

Amount of Each Receipt this Period
20.00

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

D. Full Name, Mailing Address and ZIP Code
Susan Marshall Allen
3240 Hillview Ave.
Palo Alto, CA 94304

Name of Employer
CNF, Inc.

Occupation
Manager Govt. Relations

Date (month, day, year)
03/22/00

Amount of Each Receipt this Period
250.00

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 250.00

E. Full Name, Mailing Address and ZIP Code
Eva Auchincloss
3620 Lyon
San Francisco, CA 94123-1020

Name of Employer
none

Occupation
Retired

Date (month, day, year)
03/17/00

Amount of Each Receipt this Period
100.00

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

F. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Ameo , U.S. HOUSE 1st ME and transmitted by contributor's original check.

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

G. Full Name, Mailing Address and ZIP Code
Eva Auchincloss
3620 Lyon
San Francisco, CA 94123-1020

Name of Employer
none

Occupation
Retired

Date (month, day, year)
03/17/00

Amount of Each Receipt this Period
100.00

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

SUBTOTAL of Receipts This Page (optional) > 250.00

TOTAL This Period (last page this line number only) >

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 3 OF 66
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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code Eva Auchincloss 3820 Lyon San Francisco, CA 94123-1020	Name of Employer none Occupation Retired Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code David Z. Bailey 534 Post Road Wakefield, RI 02879-7512	Name of Employer Bailey Engineering Occupation Engineer Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code Ann Green Beise 8352 Old Dominion Drive McLean, VA 22102	Name of Employer Self Occupation Property Manager Aggregate Year-to-Date $ 250.00	Date (month, day, year) 03/20/00	Amount of Each Receipt this Period 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code Richard P. Baks 33 Preston Place Grosse Pointe, MI 48236-3035	Name of Employer none Occupation Retired Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 03/27/00	Amount of Each Receipt this Period 1,000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,250.00
TOTAL This Period (last page this line number only)	

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Tara O. Balfour 3651 Country Club Terrace Danville, CA 94506-6064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer BANK OF AMERICA Occupation Banker Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Tara O. Balfour 3651 Country Club Terrace Danville, CA 94506-6064 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer BANK OF AMERICA Occupation Banker Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Janice H. Barrow 911 Briar Ridge Drive Houston, TX 77057-1117 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Volunteer Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 200.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Helen Delich Bentley 408 Chapelwood Lane Lutherville, MD 21093 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Consultant Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 03/27/00	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Roger Blades 1555 Pecan Pl. Bartlesville, OK 74003-6023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 0.00	03/17/00	25.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code **Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.** Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code David M. Blank 135 Old Farm Road Pleasantville, NY 10570 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 03/28/00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Jeff E. Brothers PO Box 1775 Watsonville, CA 95077 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Monterey Bay Bouquet Occupation Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 03/20/00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Rosemarie Buntrock Oakbrook Terrace Tower One Tower Lane, Suite 2242 Oak Brook Terrace, IL 60181-4636 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Investment Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/28/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code **Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.** Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Rosemarie Buntrock Oakbrook Terrace Tower One Tower Lane, Suite 2242 Oak Brook Terrace, IL 60181-4636 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Investment Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/28/00	Amount of Each Receipt this Period 250.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional)	2,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 55
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NAME OF COMMITTEE (in Full)
The Wish List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Name of Employer:
Occupation:
Date (month, day, year):
Amount of Each Receipt this Period:
Receipt For: [X] Primary [ ] General [ ] Other (specify).
Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code
Joseph F. Burke
165 Cherry Street
P O Box 574
Wenham, MA 01984

Name of Employer: Bell Atlantic
Occupation: Executive
Date (month, day, year): 03/22/00
Amount of Each Receipt this Period: 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date > $ 250.00

C. Full Name, Mailing Address and ZIP Code
Patricia Hill Burnett
13 Oaks Court
Bloomfield Hills, MI 48304-2136

Name of Employer: Self
Occupation: Artist
Date (month, day, year): 03/07/00
Amount of Each Receipt this Period: 1,000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date > $ 1,000.00

D. Full Name, Mailing Address and ZIP Code
Judith Ann Butler
816 South Pitt Street
Alexandria, VA 22314-4339

Name of Employer: Podesta.com
Occupation: Principal
Date (month, day, year): 03/17/00
Amount of Each Receipt this Period: 200.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date > $ 0.00
(Memo Entry)

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Amaro , U.S. HOUSE 1st ME and transmitted by contributor's original check.

Name of Employer:
Occupation:
Date (month, day, year):
Amount of Each Receipt this Period:
Receipt For: [X] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date > $

F. Full Name, Mailing Address and ZIP Code
Edgar M. Buttner
1151 Harbor Bay Pkwy
Alameda, CA 94502-6511

Name of Employer: Coastcom
Occupation:
Date (month, day, year): 03/14/00
Amount of Each Receipt this Period: 1,000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date > $ 1,000.00

G. Full Name, Mailing Address and ZIP Code

Name of Employer:
Occupation:
Date (month, day, year):
Amount of Each Receipt this Period:
Receipt For: [ ] Primary [ ] General [ ] Other (specify):
Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional)	2,250.00
TOTAL This Period (last page this line number only)	

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Helen S. Chadwick 83 Warren Avenue Plymouth, MA 02360 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 20.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Timothy W. Childs 4101 Catherdral Ave NW Washington, DC 20016-3585 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Writer Aggregate Year-to-Date > $ 350.00	Date (month, day, year) 03/09/00	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and ZIP Code Charles L. Clapp 2555 Pennsylvania Ave, NW Washington, DC 20037-1613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Charles L. Clapp 2555 Pennsylvania Ave, NW Washington, DC 20037-1613 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 OF 66
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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Clark 163 Martin Meadow Lancaster, NH 03584-9636	Occupation	03/06/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 0.00		(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Amero . U.S. HOUSE 1st ME and transmitted by contributor's original check.	Occupation		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elaine Wingate Conway 9 Rittenhouse Road Bronxville, NY 10708-2320	NYS Division for Women	03/14/00	20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Director Aggregate Year-to-Date $ 220.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ann Costello 4403 Tournay Road Bethesda, MD 20816-1844	Goldman Sachs	03/22/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Attorney Aggregate Year-to-Date $ 250.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edna Cowon 215 E. 68th Street Apt. 18N New York, NY 10022	Information Requested	03/22/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 250.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth E. Cox 142 W. Calle Manantial Kent Green Valley, AZ 85614-3714	Lucent Technolgies	03/21/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Retired Aggregate Year-to-Date $ 0.00		(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Occupation		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	520.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Carol Cox Wait 220 East Street, NE Washington, DC 20002-4923 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Committee for a Responsible Occupation President Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 03/22/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Suzy Coxhead 34 Reed Ranch Road Tiburon, CA 94920 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Earmarked for Jackson, Stace Hse/250 24th CA Transmitted contributor check Occupation Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Susan R. Cullman 2830 Foxhall Road, NW Washington, DC 20007-1129 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Homemaker Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 1,000.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Jean M. Curtiss 457 Whiskey Hill Road Woodside, CA 94062-2535 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Housewife Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 03/16/00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Jean M. Curtiss 457 Whiskey Hill Road Woodside, CA 94062-2535 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Housewife Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 50.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 2,000.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean M. Curtiss 457 Whiskey Hill Road Woodside, CA 94062-2535	none	03/17/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Housewife Aggregate Year-to-Date > $ 0.00		(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan A. Davis 1718 Q Street, NW Washington, DC 20009	Susan Davis International	03/20/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chairman Aggregate Year-to-Date > $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Gingras Denton 15 Ninth Street SE Washington, DC 20003-1333	Information Requested	03/22/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $ 500.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia York Dettmer 80 Round Hill Road Greenwich, CT 06831-3743	none	03/13/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker & Retired Aggregate Year-to-Date > $ 0.00		(Memo Entry)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia York Dettmer 80 Round Hill Road Greenwich, CT 06831-3743	none	03/13/00	200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker & Retired Aggregate Year-to-Date > $ 0.00		(Memo Entry)

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code
Virginia P. Dickenson
Pine Valley Golf Club
Clementon, NJ 08021

Name of Employer: None | Date (month, day, year): 03/17/00 | Amount of Each Receipt this Period: 100.00

Occupation: None

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date > $

D. Full Name, Mailing Address and ZIP Code
C. Douglas Dillon
P O Box 97
Hobe Sound, FL 33475

Name of Employer: None | Date (month, day, year): 03/21/00 | Amount of Each Receipt this Period: 500.00

Occupation: Retired

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date > $

F. Full Name, Mailing Address and ZIP Code
Mary H. Dobson
3350 Geddes Road
Ann Arbor, MI 48105-2519

Name of Employer: N/A | Date (month, day, year): 03/17/00 | Amount of Each Receipt this Period: 100.00

Occupation: Household engineer

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Tara A. Duffy 10 East End Avenue #12C New York, NY 10021 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Family Management Corp. Chief Investment Officer Aggregate Year-to-Date $ 0.00	03/05/00	250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code **Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.** Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Diana B. Dunnan 5110 Cammack Drive Bethesda, MD 20816-2902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Housewife Aggregate Year-to-Date $ 450.00	03/14/00	250.00
D. Full Name, Mailing Address and ZIP Code Diana B. Dunnan 5110 Cammack Drive Bethesda, MD 20816-2902 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Housewife Aggregate Year-to-Date $ 0.00	03/17/00	150.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code **Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.** Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code William C. Edwards 150 Isabella Avenue Atherton, CA 94027 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Investor Aggregate Year-to-Date $ 1,000.00	03/09/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Judith Eisenberg 895 Park Avenue New York, NY 10021-0327 Receipt For ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Volunteer Aggregate Year-to-Date $ 0.00	03/06/00	1,000.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) 1,250.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify).	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Sylvia M. Erhart 149 E. 73rd Street New York, NY 10021-3592 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer None Occupation None Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 03/10/00	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Marilyn H. Everitt 609 Farwell Drive Madison, WI 53704 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer None Occupation None Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Nancy Johnson, U.S. HOUSE 6th CT and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Marilyn H. Everitt 609 Farwell Drive Madison, WI 53704 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer None Occupation None Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Florence Fearrington 150 E. 69th Street New York, NY 10021-5704 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation investment management Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 1,000.00 (Memo Entry)
SUBTOTAL of Receipts This Page (optional)			250.00
TOTAL This Period (last page this line number only)			

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SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 14 OF 88
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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code Ann Kaplan Fippinger 925 Park Ave, 3A New York, NY 10028	Name of Employer Municipal Bond Director Occupation Managing Director Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code Ann Kaplan Fippinger 925 Park Ave, 3A New York, NY 10028	Name of Employer Municipal Bond Director Occupation Managing Director Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 03/10/00	Amount of Each Receipt this Period 1,000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code Everett Fisher 53 Pecksland Road Greenwich, CT 06831-3711	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code Jane Fitzpatrick 9 Prospect Hill Stockbridge, MA 01262	Name of Employer Country Curtains Occupation Owner Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Debra Flanz 200 E. 65th Street #C1904 New York, NY 10021-6728		03/08/00	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Financial Marketing		
	Aggregate Year-to-Date > $ 250.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RoyAnne T. Florence 97 Labernum Road Atherton, CA 94027-2162	Coldwell Banker	03/01/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Realtor		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Wilder, STATE HOUSE/250 21st CA and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RoyAnne T. Florence 97 Labernum Road Atherton, CA 94027-2162	Coldwell Banker	03/01/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Realtor		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Jackson, STATE HOUSE/250 24th CA and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn Fox 23 Carrswold Drive Clayton, MO 63105-2913	none	03/17/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Housewife		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check.

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code
Marilyn Fox
23 Carriswold Drive
Clayton, MO 63105-2913

Name of Employer
none

Occupation
Housewife

Date (month, day, year)
03/17/00

Amount of Each Receipt this Period
100.00
(Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

D. Full Name, Mailing Address and ZIP Code
Marilyn Fox
23 Carriswold Drive
Clayton, MO 63105-2913

Name of Employer
none

Occupation
Housewife

Date (month, day, year)
03/17/00

Amount of Each Receipt this Period
100.00
(Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check.

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

F. Full Name, Mailing Address and ZIP Code
Doreen Frasca
770 Park Avenue
New York, NY 10021-4153

Name of Employer
Frasca & Assoc.

Occupation
Financial Consultant

Date (month, day, year)
03/17/00

Amount of Each Receipt this Period
250.00
(Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer

Occupation

Date (month, day, year)

Amount of Each Receipt this Period

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Ruth P. Frenzel 6310 Stoneham Lane McLean, VA 22101-2345 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 03/20/00	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and ZIP Code Frances W. N. Friedman 14 Cross Gates Short Hills, NJ 07078-2106 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Political Fundraiser Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Lorraine G. Gerhardt 5 Elizabeth Court Lombard, IL 60148-2525 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Village of Lombard Occupation Municipal Clerk Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Marian E. Goetze Box 20236 Towson, MD 21284-0236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer self Occupation Consultant Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia A. Goldman 3025 1/2 Q Street, NW Washington, DC 20007-3080		03/22/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 450.00		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary T. Gould Overlook Farm Laurel, MD 20723	None	03/15/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date: $ 1,000.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela Grunder Sheiffer 5 Oneck Road Westhampton Beach, NY 11978	Self	03/06/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Consultant Aggregate Year-to-Date: $ 0.00		(Memo Entry)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date: $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lucille Evans Hahn 3333 Ivy Lane Minneapolis, MN 55416-4617	State of MN Office of Gov.	03/09/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 1,000.00		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lucille Evans Hahn 3333 Ivy Lane Minneapolis, MN 55416-4617	State of MN Office of Gov.	03/13/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Aggregate Year-to-Date: $ 0.00		(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date: $		

SUBTOTAL of Receipts This Page (optional)	2,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 19 OF 86
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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Lucille Evans Hahn 3333 Ivy Lane Minneapolis, MN 55416-4617	Name of Employer State of MN Office of Gov.	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Retired	Aggregate Year-to-Date $ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
C. Full Name, Mailing Address and ZIP Code Anita J. Hall 3128 Cortland Drive Vestal, NY 13850-3004	Name of Employer None	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Homemaker	Aggregate Year-to-Date $ 0.00	(Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
E. Full Name, Mailing Address and ZIP Code Carolyn Hall 60 Via Belardo Greenbrae, CA 94904-2276	Name of Employer Mellon US Leasing	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President of Finance	Aggregate Year-to-Date $ 0.00	(Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Perry, STATE HOUSE/250 28th CA and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
G. Full Name, Mailing Address and ZIP Code Carolyn Hall 60 Via Belardo Greenbrae, CA 94904-2276	Name of Employer Mellon US Leasing	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Vice President of Finance	Aggregate Year-to-Date $ 0.00	(Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 20	OF 66
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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Jackson, STATE HOUSE/250 24th CA and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Carol D. Hamilton 150 Fox Hollow Road Woodside, CA 94062	EOPS Occupation Internet Programmer	03/08/00	1,000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	1,000.00	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Christine Hansen 1703 Dorchester Drive Oklahoma City, OK 73120-1005	Interstate Oil and Gas Occupation Executive Director	03/17/00	100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	0.00	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Christine Hansen 1703 Dorchester Drive Oklahoma City, OK 73120-1005	Interstate Oil and Gas Occupation Executive Director	03/17/00	100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	0.00	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $		
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Kathleen Harrington 5620 Nevada Avenue, NE Washington, DC 20015-2518	AETNA Occupation Gov't Affairs	03/22/00	250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date $	250.00	

SUBTOTAL of Receipts This Page (optional)	1,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Nedenia H. Hartley 870 UN Plaza New York, NY 10017	self Occupation: Actress Aggregate Year-to-Date: $ 0.00	03/17/00	1,000.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Aggregate Year-to-Date: $		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Elisabeth W. Hawkings 4332 Albermarle St. NW Washington, DC 20016	CT-06 office Occupation: Congressional Staff Aggregate Year-to-Date: $ 0.00	03/13/00	$0.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check.	Aggregate Year-to-Date: $		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Barbara M. Hays 2401 Kings Lynn Road Midlothian, VA 23113-3813	Occupation Aggregate Year-to-Date: $ 0.00	03/28/00	100.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check.	Occupation Aggregate Year-to-Date: $		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Harvard K. Hecker 26 Black Creek Lane Saint Louis, MO 63124-1812	None Occupation: Retired Aggregate Year-to-Date: $ 1,000.00	03/27/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Katherine K. Herberger
6439 E. Luke Avenue
Paradise Valley, AZ 85253-5215

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: None
Date (month, day, year): 03/01/00
Occupation: Housewife & Civic Volunteer
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)

B. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Date (month, day, year):
Occupation:
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

C. Full Name, Mailing Address and ZIP Code
Katherine K. Herberger
6439 E. Luke Avenue
Paradise Valley, AZ 85253-5215

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: None
Date (month, day, year): 03/01/00
Occupation: Housewife & Civic Volunteer
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)

D. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Date (month, day, year):
Occupation:
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

E. Full Name, Mailing Address and ZIP Code
Katherine K. Herberger
6439 E. Luke Avenue
Paradise Valley, AZ 85253-5215

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: None
Date (month, day, year): 03/01/00
Occupation: Housewife & Civic Volunteer
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)

F. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Date (month, day, year):
Occupation:
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:

G. Full Name, Mailing Address and ZIP Code
Bonnie Q. Herron
3801 Longview Valley Road
Sherman Oaks, CA 91423-4418

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Self
Date (month, day, year): 03/21/00
Occupation: Accountant
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

B. Full Name, Mailing Address and ZIP Code
Bonnie Q. Herron
3801 Longview Valley Road
Sherman Oaks, CA 91423-4418

Name of Employer: Self | Date (month, day, year): 03/21/00 | Amount of Each Receipt this Period: 100.00

Occupation: Accountant

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

D. Full Name, Mailing Address and ZIP Code
Suzanne S. Hickman
1 Robin Hill Lane
Apt. 17D
Saint Louis, MO 63124-1852

Name of Employer: none | Date (month, day, year): 03/01/00 | Amount of Each Receipt this Period: 25.00

Occupation: Homemaker

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

F. Full Name, Mailing Address and ZIP Code
Suzanne S. Hickman
1 Robin Hill Lane
Apt. 17D
Saint Louis, MO 63124-1852

Name of Employer: none | Date (month, day, year): 03/01/00 | Amount of Each Receipt this Period: 25.00

Occupation: Homemaker

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suzanne S. Hickman 1 Robin Hill Lane Apt. 17D Saint Louis, MO 63124-1852	none	03/01/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > $ 0.00		(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Donnatley, U.S. HOUSE 10th IL and transmitted by contributor's original check.			
Receipt For ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suzanne S. Hickman 1 Robin Hill Lane Apt. 17D Saint Louis, MO 63124-1852	none	03/13/00	25.00
Receipt For ☐ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > $ 0.00		(Memo Entry)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suzanne S. Hickman 1 Robin Hill Lane Apt. 17D Saint Louis, MO 63124-1852	none	03/13/00	25.00
Receipt For ☐ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > $ 0.00		(Memo Entry)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date > $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gail Hilson 680 Madison Avenue Apt. 602 New York, NY 10021-7359	None	03/08/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Volunteer Aggregate Year-to-Date > $ 0.00		(Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code Thomas C. Hockaday 318 Prince Street #3 Alexandria, VA 22314	Name of Employer Hockaday DonatelUCampaign Solutions Occupation CEO and Consultant Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 03/22/00	Amount of Each Receipt this Period 250.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code Alfred S. Howes 42 Fenimore Road Scarsdale, NY 10583	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code Alfred S. Howes 42 Fenimore Road Scarsdale, NY 10583	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify)			
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code Tavy Dumont Hughes 948 Summerland Place San Jose, CA 95120	Name of Employer Information Requested Occupation Aggregate Year-to-Date > $ 1,000.00	Date (month, day, year) 03/29/00	Amount of Each Receipt this Period 1,000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	1,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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

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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 committees.

NAME OF COMMITTEE (In Full)
The Wi$h List

A. Full Name, Mailing Address and ZIP Code Carrilou W. Hurlbut PO Box 341 Mercer Island, WA 98040-0341 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Investor Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Carrilou W. Hurlbut PO Box 341 Mercer Island, WA 98040-0341 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Investor Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Brooks Hurst 891 Swallow St. SW Warren, OH 44485-3683 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Brooks Hurst 891 Swallow St. SW Warren, OH 44485-3683 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 27 OF 66
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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code W. Joan M. Hurst 130 North Washington Hinsdale, IL 60521-3420	Name of Employer none Occupation none Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code W. Joan M. Hurst 130 North Washington Hinsdale, IL 60521-3420	Name of Employer none Occupation none Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code Lois L. Hutzler 135 East 71st Street New York, NY 10021-4258	Name of Employer None Occupation Volunteer Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code Lois L. Hutzler 135 East 71st Street New York, NY 10021-4258	Name of Employer None	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Volunteer	Aggregate Year-to-Date > $ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date > $	
C. Full Name, Mailing Address and ZIP Code Lynnette R. Jacquez 2403 Lailah Ct. Dunn Loring, VA 22027	Name of Employer Copeland, Lowery, & Jacquez	Date (month, day, year) 03/22/00	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Partner	Aggregate Year-to-Date > $ 250.00	
D. Full Name, Mailing Address and ZIP Code Suzanne D. Jaffe 784 Park Avenue 5A New York, NY 10021-3553	Name of Employer Self	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Consultant	Aggregate Year-to-Date > $ 0.00	(Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date > $	
F. Full Name, Mailing Address and ZIP Code Anna S. Jeffrey 1365 York Ave., Apt. 29D New York, NY 10021-3910	Name of Employer Self	Date (month, day, year) 03/26/00	Amount of Each Receipt this Period 75.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation musician	Aggregate Year-to-Date > $ 0.00	(Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date > $	

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

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Anna S. Jeffrey 1385 York Ave., Apt. 29D New York, NY 10021-3910 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / musician / $ 0.00	03/28/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Anna S. Jeffrey 1385 York Ave., Apt. 29D New York, NY 10021-3910 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Self / musician / $ 0.00	03/28/00	75.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Anne Hale Johnson 10600 Red Barn Lane Potomac, MD 20854-1953 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	none / Volunteer/Retired / $ 1,000.00	03/22/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Mary Ann Kennedy Kennedys Barn Studio P O Box 208 Eliot, ME 03903 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Kennedys Barn Studio / Artist, Homemaker, Semi-retired / $ 0.00	03/13/00	50.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer / Occupation / Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.E. Kooiker 5520 15th Avenue NE Olympia, WA 98506	Self	03/17/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician	Aggregate Year-to-Date $ 0.00	(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.E. Kooiker 5520 15th Avenue NE Olympia, WA 98506	Self	03/17/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Physician	Aggregate Year-to-Date $ 0.00	(Memo Entry)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Kovel 22000 Shaker Blvd. Shaker Heights, OH 44122-2644	Self-employed	03/27/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: writer	Aggregate Year-to-Date $ 1,000.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dorothy E. Kugel 502 York Road Mail Once a Year Hinsdale, IL 60521-3531	None	03/01/00	2,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired R.N.	Aggregate Year-to-Date $ 2,000.00	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald F. Lamb 4914 N. 25th Street Arlington, VA 22207	General Dynamics	03/20/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Executive	Aggregate Year-to-Date $ 500.00	

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code L.W. Lane Jr. 3000 Sand Hill Road Ste 2-215 Menlo Park, CA 94025 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date > $ 2,500.00	Date (month, day, year) 03/09/00	Amount of Each Receipt this Period 2,500.00
B. Full Name, Mailing Address and ZIP Code Jeffrey L. Lawrence 412 A Street, SE Washington, DC 20003 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Cassidy & Associates Occupation Aggregate Year-to-Date > $ 250.00	Date (month, day, year) 03/24/00	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Greta B. Layton P O Box 399 Rockland, DE 19732 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Greta B. Layton P O Box 399 Rockland, DE 19732 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Joseph A. Lee P.O. Box 478 Pebble Beach, CA 93953 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 03/10/00	Amount of Each Receipt this Period 300.00

SUBTOTAL of Receipts This Page (optional) ..... > 3,050.00

TOTAL This Period (last page this line number only) ..... >

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruth Lipper 85 Hobart Ave. Summit, NJ 07901	Lipper Inc.	03/06/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Sr. Vice President	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melinda M. Lowery 312 East Capitol Street, N.E. Washington, DC 20003	None	03/22/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: None	Aggregate Year-to-Date: $ 500.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia A. Luffman 3311 Hideway Lane Spring, TX 77388-5648	N/A	03/30/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Housewife	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maureen H. Lydon 180 N. Lasalle Suite 2001 Chicago, IL 60601	self	03/17/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Attorney	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susan E. Lynch 152 Round Hill Road Greenwich, CT 06831-3746	Requested / Requested	03/20/00	600.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 1,100.00		
B. Full Name, Mailing Address and ZIP Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Wendy Mackenzie 829 Park Ave New York, NY 10021	Information Requested /	03/06/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 0.00		(Memo Entry)
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kathryn A. MacLane 1335 Ballantrae Lane McLean, VA 22101-3005	West * Group / Real Estate Investor	03/17/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 0.00		(Memo Entry)
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeannette Mandelbaum 506 Hillgreen Drive Beverly Hills, CA 90212-4110	Self / Self	03/20/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susan Mark 625 Park Avenue New York, NY 10021-6845	Mark Asset Mgmt. Corp. / Senior Vice President	03/06/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 0.00		(Memo Entry)

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles S. Matthews 5307 S. Braeswood Drive Houston, TX 77096-4149	none Retired $ 0.00	03/13/00	100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Charles S. Matthews 5307 S. Braeswood Drive Houston, TX 77096-4149	none Retired $ 0.00	03/13/00	100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Maureen Mayer 10112 Forest Brook Lane Great Falls, VA 22066-3607	 $ 0.00	03/17/00	100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			

G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Maureen Mayer 10112 Forest Brook Lane Great Falls, VA 22066-3607		03/17/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 0.00		(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas E. McCullough PO Box 631 Monterey, CA 93942	Morgan Stanley Dean Witter	03/11/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 250.00		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary McGann 4914 N. 25th Street Arlington, VA 22207	Information Requested	03/22/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 300.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Madeline McWhinney Dale PO Box 458 Red Bank, NJ 07701-0458	None	03/21/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Retired Aggregate Year-to-Date $ 0.00		(Memo Entry)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Occupation Aggregate Year-to-Date $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Madeline McWhinney Dale PO Box 458 Red Bank, NJ 07701-0458	None	03/21/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Retired Aggregate Year-to-Date $ 0.00		(Memo Entry)

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code
David H. Miller
400 Northampton Street
Ste 507
Easton, PA 18042-3543

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Name of Employer: Self | Date (month, day, year): 03/13/00 | Amount of Each Receipt this Period: 20.00 (Memo Entry)

Occupation: Attorney

Aggregate Year-to-Date > $ 0.00

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

D. Full Name, Mailing Address and ZIP Code
David H. Miller
400 Northampton Street
Ste 507
Easton, PA 18042-3543

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Name of Employer: Self | Date (month, day, year): 03/13/00 | Amount of Each Receipt this Period: 20.00 (Memo Entry)

Occupation: Attorney

Aggregate Year-to-Date > $ 0.00

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

F. Full Name, Mailing Address and ZIP Code
Patricia C. Morneault
6018 Hydrangea Drive
Alexandria, VA 22310

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Name of Employer: Managed Care Compliance Solutions, Inc. | Date (month, day, year): 03/29/00 | Amount of Each Receipt this Period: 100.00 (Memo Entry)

Occupation: Director of Client Operations

Aggregate Year-to-Date > $ 0.00

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Helen E. Mueser Horseshoe Trail Clinton Corners, NY 12514	None	03/21/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Occupation		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan F. Murray 300 Salt Pond Road New Fairfield, CT 06812		03/13/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $ 0.00	(Memo Entry)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Occupation		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Virginia Uhlman Nader 903 Sunflower Court Pemberville, OH 43450-9443	none	03/10/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 400.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Virginia Uhlman Nader 903 Sunflower Court Pemberville, OH 43450-9443	none	03/10/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 400.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeannette D. Naman 507 Bolton Place Houston, TX 77024-4600	Self	03/20/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Consultant	Aggregate Year-to-Date: $ 500.00	

SUBTOTAL of Receipts This Page (optional) 700.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Jeannette D. Naman 507 Bolton Place Houston, TX 77024-4800 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Consultant Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Jeannette D. Naman 507 Bolton Place Houston, TX 77024-4800 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Consultant Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Frances B. Nelson 60 Hillsdale Mall San Mateo, CA 94403-3407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Bohannon Development Company Occupation Executive Aggregate Year-to-Date > $ 500.00	Date (month, day, year) 03/20/00	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Frances B. Nelson 60 Hillsdale Mall San Mateo, CA 94403-3407 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Bohannon Development Company Occupation Executive Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 1,000.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 500.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frances B. Nelson 80 Hillsdale Mall San Mateo, CA 94403-3407	Bohannon Development Company	03/21/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Executive	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Benjamin E. Nickoll 34 Grammercy Park Apt 2A New York, NY 10003-1731	Information Requested	03/16/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $ 1,000.00	

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul E. Ogle 7575 Lake St. Apt 3A River Forest, IL 60305	none	03/21/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul E. Ogle 7575 Lake St. Apt 3A River Forest, IL 60305	none	03/21/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Dorothy H. Osborn 15 Pinecroft Road Greenwich, CT 06830-3922 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer US Trust Occupation Portfolio Manager Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Margarette L. Paduch 421 Ridgewood Ave. Glen Ridge, NJ 07028-1617 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer J.H. Zerbey Newspapers, Inc. Occupation CORPORATE SECRETARY Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Margarette L. Paduch 421 Ridgewood Ave. Glen Ridge, NJ 07028-1617 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer J.H. Zerbey Newspapers, Inc. Occupation CORPORATE SECRETARY Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Patricia N. Page 17 John Street Chatham, NJ 07928-2208 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Requested Occupation Requested Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 250.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code
Susan Molinari
4004 Sharp Place
Alexandria, VA 22304

Name of Employer: Self-employed | Date (month, day, year): 03/18/00 | Amount of Each Receipt this Period: 1,000.00

Occupation: Consultant

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 1,000.00

C. Full Name, Mailing Address and ZIP Code
Frances G. Pepper
233 Oliver Road
Wyoming, OH 45215-2638

Name of Employer: none | Date (month, day, year): 03/17/00 | Amount of Each Receipt this Period: 100.00

Occupation: Wife, Mother, Volunteer

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

D. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

E. Full Name, Mailing Address and ZIP Code
Frances G. Pepper
233 Oliver Road
Wyoming, OH 45215-2638

Name of Employer: none | Date (month, day, year): 03/17/00 | Amount of Each Receipt this Period: 100.00

Occupation: Wife, Mother, Volunteer

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

F. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

G. Full Name, Mailing Address and ZIP Code
Bonnie Piaget
273 Andrew Place
Bloomingdale, NJ 07403

Name of Employer | Date (month, day, year): 03/17/00 | Amount of Each Receipt this Period: 20.00

Occupation: Homemaker

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify).	Aggregate Year-to-Date > $		

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donaldson C. Pillsbury 1100 Park Avenue New York, NY 10128-1202	Sotheby's Holdings, Inc.	03/28/00	1,000.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify).	Occupation General Counsel		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donaldson C. Pillsbury 1100 Park Avenue New York, NY 10128-1202	Sotheby's Holdings, Inc.	03/28/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation General Counsel		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donaldson C. Pillsbury 1100 Park Avenue New York, NY 10128-1202	Sotheby's Holdings, Inc.	03/28/00	100.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation General Counsel		(Memo Entry)
	Aggregate Year-to-Date > $ 0.00		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Ambro , U.S. HOUSE 1st ME and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 43 OF 66
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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Karin Piplic 2321 South Fern Arlington, VA 22202 Receipt For: ☐ Primary ☐ General ☐ Other (specify).	Name of Employer Occupation Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Susan B. Plant 420 Stonecrest Drive Napa, CA 94558-3730 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Mikels, STATE SENATE/250 CA and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Susan B. Plant 420 Stonecrest Drive Napa, CA 94558-3730 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/01/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Jackson, STATE HOUSE/250 24th CA and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Ann Daly Printon 188 East 70th Street New York, NY 10021-5135 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self Occupation Money Manager Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 250.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A — ITEMIZED RECEIPTS

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code Kevin Raye 6034 Munson Hill Road Falls Church, VA 22041-2439	Name of Employer Sen. Olympia J. Snowe Occupation Chief of Staff Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code Dorothy Gill Raymond 7501 Weld County Road, 7 Erie, CO 80516	Name of Employer Cable Television Laboratories Occupation Attorney Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Amero , U.S. HOUSE 1st ME and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code Dorothy Gill Raymond 7501 Weld County Road, 7 Erie, CO 80516	Name of Employer Cable Television Laboratories Occupation Attorney Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
Receipt For: [ ] Primary [ ] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donna B. Reed P.O. Box 1922 San Leandro, CA 94577	Buran & Reed	03/14/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Business Owner	Aggregate Year-to-Date: $ 1,000.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stewart A. Resnick 11444 W. Olympic Blvd. 10th Floor Los Angeles, CA 90064	Roll International Corp.	03/10/00	500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chairman/President	Aggregate Year-to-Date: $ 500.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Almeda C. Riley 14 Longwood Drive Saratoga Springs, NY 12866-2832	none	03/30/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Almeda C. Riley 14 Longwood Drive Saratoga Springs, NY 12866-2832	none	03/30/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Almeda C. Riley 14 Longwood Drive Saratoga Springs, NY 12866-2832	none	03/31/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired	Aggregate Year-to-Date: $ 600.00	

SUBTOTAL of Receipts This Page (optional)	1,600.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code No Entry Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Carolyn Rowland 2 Commonwealth Ave Apt. 12-F Boston, MA 02116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Carolyn Rowland 2 Commonwealth Ave Apt. 12-F Boston, MA 02116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code William D. Ruckelshaus PO Box 76 Medina, WA 98039-0076 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Requested Occupation Requested Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William D. Ruckelshaus PO Box 76 Medina, WA 98039-0076	Requested	03/21/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Requested	Aggregate Year-to-Date $ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Occupation	Aggregate Year-to-Date $	
C. Full Name, Mailing Address and ZIP Code Cynthia Salisbury P. O. Box 197 253A 26th Street Santa Monica, CA 90402	Name of Employer	03/06/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Property Manager	Aggregate Year-to-Date $ 0.00	(Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Mikels, STATE SENATE/250 CA and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
E. Full Name, Mailing Address and ZIP Code William L. Saltonstall c/o 50 Congress Street Room 800 Boston, MA 02109-4002	Name of Employer Saltonstall & Co.	03/17/00	100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Trustee/Partner	Aggregate Year-to-Date $ 0.00	(Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
G. Full Name, Mailing Address and ZIP Code Elsa F. Sauter P O Box 278 Newport Beach, CA 92662-1139	Name of Employer None	03/21/00	40.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Retired	Aggregate Year-to-Date $ 0.00	(Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Occupation		
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code Elsa F. Sautter P O Box 278 Newport Beach, CA 92662-1139	Name of Employer None	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 40.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Retired Aggregate Year-to-Date > $ 0.00		(Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Melissa Scanlon 11900 Piney Glen Lane Potomac, MD 20854-1415	Name of Employer	Date (month, day, year) 03/20/00	Amount of Each Receipt this Period 1,500.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Attorney Aggregate Year-to-Date > $ 1,500.00		
E. Full Name, Mailing Address and ZIP Code Leslie Tang Schilling 180 Geary Street, #500 San Francisco, CA 94108	Name of Employer Union Square Investments	Date (month, day, year) 03/20/00	Amount of Each Receipt this Period 500.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Property Management Aggregate Year-to-Date > $ 500.00		
F. Full Name, Mailing Address and ZIP Code Susan C. Schwab 4 Market Quay Annapolis, MD 21401-2609	Name of Employer University of Maryland	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 50.00
Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Occupation Educator Aggregate Year-to-Date > $ 0.00		(Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: [X] Primary [ ] General [ ] Other (specify):	Occupation Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) 2,000.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Susan C. Schwab
4 Market Quay
Annapolis, MD 21401-2609

Name of Employer: University of Maryland
Occupation: Educator
Date (month, day, year): 03/17/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 50.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):

B. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:
Receipt For: ☒ Primary ☐ General ☐ Other (specify):

C. Full Name, Mailing Address and ZIP Code
Mary V.B. Seavey
90 Hazel Lane
Piedmont, CA 94611-4033

Name of Employer: Self
Occupation: Vineyard & Winery Owner & Manager
Date (month, day, year): 03/21/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):

D. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Murphy Shapiro, STATE HOUSE/250 41st CA and transmitted by contributor's original check.

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:
Receipt For: ☒ Primary ☐ General ☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code
Mary V.B. Seavey
90 Hazel Lane
Piedmont, CA 94611-4033

Name of Employer: Self
Occupation: Vineyard & Winery Owner & Manager
Date (month, day, year): 03/21/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Daucher, STATE HOUSE/250 72nd CA and transmitted by contributor's original check.

Name of Employer:
Occupation:
Date (month, day, year):
Aggregate Year-to-Date: $
Amount of Each Receipt this Period:
Receipt For: ☒ Primary ☐ General ☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code
Mary V.B. Seavey
90 Hazel Lane
Piedmont, CA 94611-4033

Name of Employer: Self
Occupation: Vineyard & Winery Owner & Manager
Date (month, day, year): 03/21/00
Aggregate Year-to-Date: $ 0.00
Amount of Each Receipt this Period: 100.00 (Memo Entry)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Zettel, STATE HOUSE/250 75th CA and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code Mary V.B. Seavey 90 Hazel Lane Piedmont, CA 94611-4033 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Self Occupation Vineyard & Winery Owner & Manager Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Jackson, STATE HOUSE/250 24th CA and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Katherine L. Seewald P.O. Box 1650 Amarillo, TX 79105 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 400.00	Date (month, day, year) 03/14/00	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and ZIP Code Katherine L. Seewald P.O. Box 1650 Amarillo, TX 79105 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Katherine L. Seewald P.O. Box 1650 Amarillo, TX 79105 Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00 (Memo Entry)
SUBTOTAL of Receipts This Page (optional)			100.00
TOTAL This Period (last page this line number only)			

SCHEDULE A **ITEMIZED RECEIPTS**

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

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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code
Andrew P. Senecal
256 Woodhaven Drive
Pittsburgh, PA 15228-1551

Name of Employer | Date (month, day, year) 03/13/00 | Amount of Each Receipt this Period 25.00

Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

D. Full Name, Mailing Address and ZIP Code
Andrew P. Senecal
256 Woodhaven Drive
Pittsburgh, PA 15228-1551

Name of Employer | Date (month, day, year) 03/13/00 | Amount of Each Receipt this Period 50.00

Occupation

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

F. Full Name, Mailing Address and ZIP Code
Lois Setterberg
17207 N. Lindner Drive
Glendale, AZ 85308

Name of Employer none | Date (month, day, year) 03/17/00 | Amount of Each Receipt this Period 50.00

Occupation Homemaker

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) .....

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lois Setterberg 17207 N. Lindner Drive Glendale, AZ 85308	none	03/17/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Homemaker	Aggregate Year-to-Date: $ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Occupation		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Gary Shansby 1000 Mason Street San Francisco, CA 94123	The Shansby Group	03/07/00	1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Investor	Aggregate Year-to-Date: $ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alexandra Shockey 119 7th Street, NE Washington, DC 20002	Information Requested	03/22/00	250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jackson L. Smith PO Box 771 Flagler Beach, FL 32136-0771		03/17/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $ 0.00	(Memo Entry)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Occupation		
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date: $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jackson L. Smith PO Box 771 Flagler Beach, FL 32136-0771		03/17/00	25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

SUBTOTAL of Receipts This Page (optional) 1,350.00

TOTAL This Period (last page this line number only) .....

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

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)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

B. Full Name, Mailing Address and ZIP Code
Martha Vaughan Smith
501 Portola Road
Box 8140
Portola Valley, CA 94028-7854

Name of Employer | Date (month, day, year): 03/13/00 | Amount of Each Receipt this Period: 50.00

Occupation: Retired

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

D. Full Name, Mailing Address and ZIP Code
Patricia Lahr Smith
916 Fall Creek Rd.
Lincoln, NE 68510-3837

Name of Employer: None | Date (month, day, year): 03/21/00 | Amount of Each Receipt this Period: 100.00

Occupation: housewife

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

F. Full Name, Mailing Address and ZIP Code
Patricia Lahr Smith
916 Fall Creek Rd.
Lincoln, NE 68510-3837

Name of Employer: None | Date (month, day, year): 03/21/00 | Amount of Each Receipt this Period: 100.00

Occupation: housewife

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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

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)
The WISH List

A. Full Name, Mailing Address and ZIP Code Alice W. Snell 4515 N. Dromedary Road Phoenix, AZ 85018-2938 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation Community Volunteer & Retired Aggregate Year-to-Date $ 300.00	Date (month, day, year) 03/27/00	Amount of Each Receipt this Period 300.00
B. Full Name, Mailing Address and ZIP Code Barbara W. Snelling 4092 Harbor Road Shelburne, VT 05482-7797 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Wiswall Hill Occupation President & Owner Aggregate Year-to-Date $ 250.00	Date (month, day, year) 03/07/00	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and ZIP Code Steven E. Some 120 Albany Street Suite 120 New Brunswick, NJ 08901-2122 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Capital Public Affairs, Inc. Occupation Consultant Aggregate Year-to-Date $ 1,020.00	Date (month, day, year) 03/07/00	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Howard S. Soule' 2215 Braemar Road Oakland, CA 94602-2005 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Howard Enterprises Occupation Businessman Aggregate Year-to-Date $ 1,100.00	Date (month, day, year) 03/14/00	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code William M. Spencer P.O. Box 562 Nicasio, CA 94946-0562 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer None Occupation None Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 03/07/00	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Dorothy W. Sprague 770 Park Avenue New York, NY 10021-4153 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation none Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 3,550.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 55 OF 66
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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code Dena M. Steele Summit Road Tuxedo Park, NY 10987	Name of Employer None	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Retired- Sales	Aggregate Year-to-Date $ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
C. Full Name, Mailing Address and ZIP Code Jennifer Blei Stockman 105 Conyers Farm Drive Greenwich, CT 06831-2759	Name of Employer	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation homemaker	Aggregate Year-to-Date $ 0.00	(Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
E. Full Name, Mailing Address and ZIP Code Sara G. Stone 730 Park Avenue New York, NY 10021	Name of Employer Knightsbridge Management	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Investment Banker	Aggregate Year-to-Date $ 0.00	(Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
G. Full Name, Mailing Address and ZIP Code Joanne M. Storkan PO Box 1327 Hollister, CA 95024	Name of Employer Requested	Date (month, day, year) 03/14/00	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Requested	Aggregate Year-to-Date $ 1,000.00	

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	

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

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)
The WISH List

A. Full Name, Mailing Address and ZIP Code Candace L. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Private Investor/Director Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/03/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Halgren, STATE HOUSE/250 77th CA and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Candace L. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Private Investor/Director Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/03/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Daucher, STATE HOUSE/250 72nd CA and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Candace L. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Private Investor/Director Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/03/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Steinmeier, STATE HOUSE/250 59th CA and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Candace L. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Private Investor/Director Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/03/00	Amount of Each Receipt this Period 250.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 57 OF 66
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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Perry, STATE HOUSE/250 28th CA and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

B. Full Name, Mailing Address and ZIP Code
Candace L. Straight
518 E. Passaic Avenue
Bloomfield, NJ 07003-5315

Name of Employer: Self-employed | Date (month, day, year): 03/03/00 | Amount of Each Receipt this Period: 250.00

Occupation: Private Investor/Director

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Jackson, STATE HOUSE/250 24th CA and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

D. Full Name, Mailing Address and ZIP Code
Candace L. Straight
518 E. Passaic Avenue
Bloomfield, NJ 07003-5315

Name of Employer: Self-employed | Date (month, day, year): 03/03/00 | Amount of Each Receipt this Period: 250.00

Occupation: Private Investor/Director

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Mikels, STATE SENATE/250 CA and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

F. Full Name, Mailing Address and ZIP Code
Candace L. Straight
518 E. Passaic Avenue
Bloomfield, NJ 07003-5315

Name of Employer: Self-employed | Date (month, day, year): 03/06/00 | Amount of Each Receipt this Period: 1,000.00

Occupation: Private Investor/Director

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date > $ 0.00

(Memo Entry)

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Receipt For: [X] Primary [ ] General [ ] Other (specify):

Aggregate Year-to-Date > $

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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

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)
The WISH List

A. Full Name, Mailing Address and ZIP Code Candace L. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Private Investor/Director Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Candace L. Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Self-employed Occupation Private Investor/Director Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Dorothy Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/08/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Dorothy Straight 518 E. Passaic Avenue Bloomfield, NJ 07003-5315 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer none Occupation Retired Aggregate Year-to-Date > $ 0.00	Date (month, day, year) 03/30/00	Amount of Each Receipt this Period 1,000.00 (Memo Entry)

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 59 OF 66
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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)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

B. Full Name, Mailing Address and ZIP Code
Ada A. Strasenburgh
P.O. Box 1087
Cayey, PR 00737-1087

Name of Employer: None | Date (month, day, year): 03/21/00 | Amount of Each Receipt this Period: 100.00

Occupation: Housewife

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

D. Full Name, Mailing Address and ZIP Code
Ada A. Strasenburgh
P.O. Box 1087
Cayey, PR 00737-1087

Name of Employer: None | Date (month, day, year): 03/21/00 | Amount of Each Receipt this Period: 100.00

Occupation: Housewife

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

E. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

F. Full Name, Mailing Address and ZIP Code
Holly Strom
10539 Bradbury Road
Los Angeles, CA 90064-3345

Name of Employer: Strom & Associates | Date (month, day, year): 03/08/00 | Amount of Each Receipt this Period: 100.00

Occupation: Consultant

Aggregate Year-to-Date > $ 0.00 | (Memo Entry)

Receipt For: [ ] Primary [ ] General [ ] Other (specify):

G. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Donnelley, U.S. HOUSE 19th IL and transmitted by contributor's original check.

Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period

Occupation

Aggregate Year-to-Date > $

Receipt For: [X] Primary [ ] General [ ] Other (specify):

SUBTOTAL of Receipts This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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

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)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Holly Strom
10539 Bradbury Road
Los Angeles, CA 90064-3345

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Strom & Associates
Occupation: Consultant
Aggregate Year-to-Date: $ 0.00

Date (month, day, year): 03/21/00

Amount of Each Receipt this Period: 100.00 (Memo Entry)

B. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Murphy Shapiro, STATE HOUSE/250 41st CA and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date: $

Date (month, day, year):

Amount of Each Receipt this Period:

C. Full Name, Mailing Address and ZIP Code
Lindsey Johnson Suddarth
3 Mendon View Drive
Mendon, VT 05701-9646

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Women Inc.
Occupation: CEO
Aggregate Year-to-Date: $ 0.00

Date (month, day, year): 03/21/00

Amount of Each Receipt this Period: 100.00 (Memo Entry)

D. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Marge Roukema, U.S. HOUSE 5th NJ and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date: $

Date (month, day, year):

Amount of Each Receipt this Period:

E. Full Name, Mailing Address and ZIP Code
Lindsey Johnson Suddarth
3 Mendon View Drive
Mendon, VT 05701-9646

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Women Inc.
Occupation: CEO
Aggregate Year-to-Date: $ 0.00

Date (month, day, year): 03/21/00

Amount of Each Receipt this Period: 100.00 (Memo Entry)

F. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date: $

Date (month, day, year):

Amount of Each Receipt this Period:

G. Full Name, Mailing Address and ZIP Code
Antony Taquey
P.O. Box 9957
Washington, DC 20016-8957

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer: Manpower, Inc.
Occupation: accountant
Aggregate Year-to-Date: $ 250.00

Date (month, day, year): 03/20/00

Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only) .....

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

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellis C. Taylor 1859 E. 76th Kansas City, MO 64132	Broadcast Div. Hearst Argyle	03/17/00	15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Occupation: Retired Tech Dir. TV Broadcaster	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ellis C. Taylor 1859 E. 76th Kansas City, MO 64132	Broadcast Div. Hearst Argyle	03/17/00	15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Retired Tech Dir. TV Broadcaster	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet R.M. Taylor 9 Reservoir Rd. Farmington, CT 06032	Requested	03/27/00	300.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Requested	Aggregate Year-to-Date: $ 300.00	

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarah J. Tipka 1335 Terrace Rd. NW New Philadelphia, OH 44663-1384	A.W. Tipka Oil & Gas, Inc.	03/21/00	50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Land Manager	Aggregate Year-to-Date: $ 0.00	(Memo Entry)

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.			
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date: $	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

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 committees.

NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Victoria Toensing 5807 Hillburne Way Chevy Chase, MD 20815-5530 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer DIGENOVA & TOENSING Occupation LAWYER Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Amber Turner 54 Pecksland Road Greenwich, CT 06831 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer none Occupation Homemaker Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/06/00	Amount of Each Receipt this Period 500.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Norma Van Dusen 3513 Sixth Avenue SW Hunsville, AL 35805 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer None Occupation Retired Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/21/00	Amount of Each Receipt this Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify)	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Vincent M. Versage 211 Duke Street Alexandria, VA 22314-3805 Receipt For: ☐ Primary ☐ General ☐ Other (specify)	Name of Employer Andreae, Vick & Assoc. LLC. Occupation Consultant Aggregate Year-to-Date $ 250.00	Date (month, day, year) 03/22/00	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
The Wish List

A. Full Name, Mailing Address and ZIP Code Christine Vick 1109 Roundhouse Lane Alexandria, VA 22314-5935	Name of Employer Andreae,Vick& Assoc., LLC.	Date (month, day, year) 03/22/00	Amount of Each Receipt this Period 250.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Service Analyst	Aggregate Year-to-Date $ 250.00	
B. Full Name, Mailing Address and ZIP Code Jane R. Voigt 111 Malcolm Lane Singal Mountain, TN 37377	Name of Employer	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $ 0.00	(Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
D. Full Name, Mailing Address and ZIP Code Jane R. Voigt 111 Malcolm Lane Singal Mountain, TN 37377	Name of Employer	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 50.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $ 0.00	(Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	
F. Full Name, Mailing Address and ZIP Code Anita Volz Wien 555 Park Avenue 8E New York, NY 10021-8186	Name of Employer G7 Group	Date (month, day, year) 03/29/00	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Political Consultant	Aggregate Year-to-Date $ 0.00	(Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date $	

SUBTOTAL of Receipts This Page (optional) 250.00

TOTAL This Period (last page this line number only)

SCHEDULE A **ITEMIZED RECEIPTS**

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

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Berta S. Vore 2405 Ridgeview Street Austin, TX 78704	Name of Employer	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date > $ 0.00	(Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date > $	
C. Full Name, Mailing Address and ZIP Code Berta S. Vore 2405 Ridgeview Street Austin, TX 78704	Name of Employer	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date > $ 0.00	(Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date > $	
E. Full Name, Mailing Address and ZIP Code Gwendolyn E. Walsh P.O. Box 291 Glenbrook, NV 89413	Name of Employer None	Date (month, day, year) 03/22/00	Amount of Each Receipt this Period 1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Retired	Aggregate Year-to-Date > $ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Jean Warren 6610 Hillcrest Ave. Oklahoma City, OK 73116	Name of Employer	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date > $ 0.00	(Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Connie Morella, U.S. HOUSE 8th MD and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation	Aggregate Year-to-Date > $	

SUBTOTAL of Receipts This Page (optional) 1,000.00

TOTAL This Period (last page this line number only) .....

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 65 OF 66
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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Jean Warren 6610 Hillcrest Ave. Oklahoma City, OK 73116	Name of Employer	Date (month, day, year) 03/17/00	Amount of Each Receipt this Period 100.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $ 0.00		(Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Donnelley, U.S. HOUSE 10th IL and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
C. Full Name, Mailing Address and ZIP Code Jacqueline Weitzner 185 Fairview Rd. Skillman, NJ 08558	Name of Employer Self	Date (month, day, year) 03/14/00	Amount of Each Receipt this Period 500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Homemaker Aggregate Year-to-Date $ 500.00		
D. Full Name, Mailing Address and ZIP Code Mary Virginia Welles 2711 Toxey Drive Raleigh, NC 27609	Name of Employer None	Date (month, day, year) 03/23/00	Amount of Each Receipt this Period 25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Homemaker Aggregate Year-to-Date $ 0.00		(Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		
F. Full Name, Mailing Address and ZIP Code Mary Virginia Welles 2711 Toxey Drive Raleigh, NC 27608	Name of Employer None	Date (month, day, year) 03/23/00	Amount of Each Receipt this Period 25.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation Homemaker Aggregate Year-to-Date $ 0.00		(Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Occupation Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

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

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 committees.

NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Jean R. Wente 5565 Tesla Road Livermore, CA 94550 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Wente Vineyards Occupation Corp. Officer Aggregate Year-to-Date $ 1,000.00	Date (month, day, year) 03/07/00	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Alinda H. Wikert 4208 Armstrong Pkwy Dallas, TX 75205-3716 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Express One International,Inc. Occupation Aviation Exec. Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 1,000.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Alinda H. Wikert 4208 Armstrong Pkwy Dallas, TX 75205-3716 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Express One International,Inc. Occupation Aviation Exec. Aggregate Year-to-Date $ 0.00	Date (month, day, year) 03/13/00	Amount of Each Receipt this Period 250.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked for Sue Kelly, U.S. HOUSE 19th NY and transmitted by contributor's original check. Receipt For: ☒ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Judith Lynn Zink 12505 Lolly Post Lane Woodbridge, VA 22192 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Information Requested Occupation Aggregate Year-to-Date $ 250.00	Date (month, day, year) 03/22/00	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,250.00
TOTAL This Period (last page this line number only)	44,570.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER: 11b

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NAME OF COMMITTEE (in Full)

The WISH List

FEC ID No. C00259377

A. Full Name, Mailing Address and ZIP Code
Republican National Committee
310 First Street, SE
Washington, DC 20003

Receipt for: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-To-Date $ 250.00

Date (month, day, year): 03/22/00

Amount of Each Receipt this Period: 250.00

B. Full Name, Mailing Address and ZIP Code

Receipt for: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-To-Date $

Date (month, day, year)

Amount of Each Receipt this Period

C. Full Name, Mailing Address and ZIP Code

Receipt for: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-To-Date $

Date (month, day, year)

Amount of Each Receipt this Period

D. Full Name, Mailing Address and ZIP Code

Receipt for: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-To-Date $

Date (month, day, year)

Amount of Each Receipt this Period

E. Full Name, Mailing Address and ZIP Code

Receipt for: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-To-Date $

Date (month, day, year)

Amount of Each Receipt this Period

F. Full Name, Mailing Address and ZIP Code

Receipt for: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-To-Date $

Date (month, day, year)

Amount of Each Receipt this Period

G. Full Name, Mailing Address and ZIP Code

Receipt for: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer

Occupation

Aggregate Year-To-Date $

Date (month, day, year)

Amount of Each Receipt this Period

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

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 11c

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code
Bell South Fed-PAC
1133-21st Street NW, # 900
Washington, DC 20036

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $ 1,000.00

Date (month, day, year): 03/30/00

Amount of Each Receipt this Period: 1,000.00

B. Full Name, Mailing Address and ZIP Code
PaineWebber Fund for Better Govt
1285 Avenue of the Americas
New York, NY 10019-6028

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $ 0.00

Date (month, day, year): 03/17/00

Amount of Each Receipt this Period: 1,000.00 (Memo Entry)

C. Full Name, Mailing Address and ZIP Code
Above contribution earmarked for Olympia Snowe, U.S. SENATE ME and transmitted by contributor's original check.

Receipt For: ☒ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

D. Full Name, Mailing Address and ZIP Code
Georgians for Isakson
PO Box 71955
Marietta, GA 30007-1955

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $ 250.00

Date (month, day, year): 03/28/00

Amount of Each Receipt this Period: 250.00

E. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

F. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

G. Full Name, Mailing Address and ZIP Code

Receipt For: ☐ Primary ☐ General ☐ Other (specify):

Name of Employer:
Occupation:
Aggregate Year-to-Date > $

Date (month, day, year):

Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional)	1,250.00
TOTAL This Period (last page this line number only)	1,250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1	OF 1
	FOR LINE NUMBER 21b	

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NAME OF COMMITTEE (In Full)

The WISH List

FEC ID No. C00258277

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/00	577.50
B. Full Name, Mailing Address and ZIP Code Todd Allan Printing 5760 Sunnyside Avenue Beltsville, MD 20705	Purpose of Disbursement Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/27/00	1,049.51
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,627.01
TOTAL This Period (last page this line number only)	1,627.01

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 46
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Freinds of Susan Bitter Smith 5806 East Lewis Avenue Scottsdale, AZ 85257	Bitter Smith, U.S. HOUSE 1th AZ Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/30/00	2,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
		SUBTOTAL of Disbursements This Page (optional)	2,000.00
		TOTAL This Period (last page this line number only)	

4-00173

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code NANCY JOHNSON FOR HOUSE P. O. Box 1986 New Britain, CT 06050	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/13/00	25.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn H. Everitt and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

FEC ID No. C00258277

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage Sue Kelly for Congress Disbursement for: [x] Primary [ ] General [ ] Other (specify) R-NY-19	03/01/00	288.75 In-Kind
B. Full Name, Mailing Address and ZIP Code US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage Snowe for Senate Disbursement for: [x] Primary [ ] General [ ] Other (specify) R-ME-S	03/01/00	288.75 In-Kind
C. Full Name, Mailing Address and ZIP Code Todd Allan Printing 5760 Sunnyside Avenue Beltsville, MD 20705	Printing Sue Kelly for Congress Disbursement for: [x] Primary [ ] General [ ] Other (specify) R-NY-19	03/27/00	524.76 In-Kind
D. Full Name, Mailing Address and ZIP Code Todd Allan Printing 5760 Sunnyside Avenue Beltsville,MD 20705	Printing Snowe for Senate Disbursement for: [x] Primary [ ] General [ ] Other (specify) R-ME-S	03/27/00	524.76 In-Kind
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,627.02
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/01/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Tara O. Balfour and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lorraine G. Gerhardt and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Katherine K. Herberger and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Suzanne S. Hickman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

6-00173

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The Wish List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Jane Fitzpatrick and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/08/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Margaret Allee and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/08/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/08/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Holly Strom and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Donnelley, U.S. HOUSE 10th IL Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/10/00	Amount of Each Disbursement This Period 2,500.00
I. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elisabeth W. Hawkings and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn Fox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Christine Hansen and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Maureen H. Lydon and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Margaretta L. Paduch and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Donnelley For Congress P. O. Box 7194 Libertyville, IL 60048	Purpose of Disbursement **Unsolicited Direct Contribution: See Below** Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 **(Memo Entry)**
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jean Warren and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/01/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Katharine K. Herberger and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Suzanne S. Hickman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Tara O. Balfour and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/08/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Margaret Allee and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Eva Auchincloss and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn Fox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Christine Hansen and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy Gill Raymond and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Susan C. Schwab and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

4-00170

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jean Warren and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code No Entry	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/28/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Donaldson C. Pillsbury and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code FRIENDS OF CONNIE MORELLA 7101 Wisconsin Ave Suite 102 Bethesda, MD 20814-4805	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/28/00	Amount of Each Disbursement This Period 75.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Anna S. Jeffrey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

FEC FORM 3

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 11 OF 46
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Katherine K. Herberger and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Suzanne S. Hickman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Pamela Grunder Sheiffer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Susan R. Cullman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy Straight and transmitted by contributor's original check.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	03/06/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	03/06/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Gail Hilson and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	03/06/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Patricia N. Page and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	03/06/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Florence Fearrington and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ann Kaplan Fippinger and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Tara A. Duffy and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Wendy Mackenzie and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Sara G. Stone and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
The WISH List

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Above contribution earmarked by Ruth Lipper and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/06/00	500.00 (Memo Entry)
C. Above contribution earmarked by Dorothy W. Sprague and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/06/00	250.00 (Memo Entry)
E. Above contribution earmarked by Ann Daly Primon and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/06/00	500.00 (Memo Entry)
G. Above contribution earmarked by Amber Turner and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/06/00	1,000.00 (Memo Entry)
I. Above contribution earmarked by Judith Eisenberg and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

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A. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Susan Mark and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/08/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Margaret Allee and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/08/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jennifer Blei Stockman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/08/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Margaret Clark and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/08/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dena M. Steele and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Beverly W. Aisenbrey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Mary Ann Kennedy and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lois L. Hutzler and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Andrew P. Senecal and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lucille Evans Hahn and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Martha Vaughan Smith and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Charles S. Matthews and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by David H. Miller and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)
The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by ANnda H. Wikert and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Suzanne S. Hickman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Eva Auchinclosa and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 200.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Judith Ann Butler and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn Fox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy Gill Raymond and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Karin Pipkin and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Eva Auchincloss and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	25.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Roger Blades and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	20.00 (Memo Entry)

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TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Helen B. Chadwick and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Charles L. Clapp and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jean M. Curtiss and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Virginia P. Dickenson and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Mary H. Dobson and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

The WISH List

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Doreen Frasca and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alfred S. Howes and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Brooks Hurst and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by J.E. Kooiker and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	250.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

The WISH List

A, Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Greta B. Layton and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B, Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C, Full Name, Mailing Address and ZIP Code Above contribution earmarked by Kathryn A. MacLane and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D, Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E, Full Name, Mailing Address and ZIP Code Above contribution earmarked by Maureen Mayer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F, Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G, Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy H. Osborn and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H, Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I, Full Name, Mailing Address and ZIP Code Above contribution earmarked by Margaretta L. Paduch and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)

The WISH List

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	1,000.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by PaineWebber Fund and transmitted by contributor's original check.	Purpose of Disbursement for Better Govc. Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Frances G. Pepper and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 20.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Bonnie Piaget and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Carolyn Rowland and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Susan C. Schwab and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Katherine L. Seewald and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lois Setterberg and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elizabeth H. Smith and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 15.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ellis C. Taylor and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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SCHEDULE B — ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Victoria Toensing and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jane R. Voigt and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Berta S. Vore and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Paul E. Ogle and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Sarah J. Tipka and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement **Unsolicited Direct Contribution: See Below** Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Bonnie Q. Herron and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement **Unsolicited Direct Contribution: See Below** Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Frances B. Nelson and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement **Unsolicited Direct Contribution: See Below** Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 40.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elsa F. Sauter and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement **Unsolicited Direct Contribution: See Below** Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elizabeth E. Cox and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ada A. Strasenburgh and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Suzanne D. Jaffe and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Carrilou W. Hurlbut and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William D. Ruckelshaus and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Patricia Lahr Smith and transmitted by contributor's original check.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lindsey Johnson Suddarth and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 200.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Janice H. Barrow and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jeannette D. Naman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Madeline McWhinney Dale and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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FEC FORM 3 (2000)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (in Full)
The WISH List

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/23/00	25.00 (Memo Entry)
B. Above contribution earmarked by Mary Virginia Welles and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C. OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/28/00	1,000.00 (Memo Entry)
D. Above contribution earmarked by Donaldson C. Pillsbury and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E. Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/28/00	100.00 (Memo Entry)
F. Above contribution earmarked by Barbara M. Hays and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/28/00	250.00 (Memo Entry)
H. Above contribution earmarked by Rosemarie Buntrock and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/28/00	100.00 (Memo Entry)

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FEC FORM 3 (6-00)

SCHEDULE B — ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Donaldson C. Pillsbury and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/29/00	Amount of Each Disbursement This Period 75.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Anna S. Jeffrey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/29/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Patricia C. Morneault and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/29/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Anita Volz Wien and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/30/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Almada C. Riley and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Unsolicited Direct Contribution: See Below [X] Primary [ ] General [ ] Other (specify) 2000	03/30/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Patricia A. Luffman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/30/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by W. Joan M. Hurst and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code OLYMPIA SNOWE FOR SENATE 337 Foreside Rd Falmouth, ME 04105	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/30/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Dorothy Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Jane Amero for Congress P. O. Box 2427 South Portland, ME 04116	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/30/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Kevin Raye and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

The WISH List

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code MARGE ROUKEMA FOR HOUSE 4 Franklin Ave P.O. Box 625 Ridgewood, NJ 07451	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/13/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Frances W. N. Friedman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code MARGE ROUKEMA FOR HOUSE 4 Franklin Ave P.O. Box 625 Ridgewood, NJ 07451	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/13/00	25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marilyn H. Everitt and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code MARGE ROUKEMA FOR HOUSE 4 Franklin Ave P.O. Box 625 Ridgewood, NJ 07451	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/21/00	100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lindsey Johnson Suddarth and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/13/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Beverly W. Aisenbrey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alan F. Murray and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 200.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Patricia York Dettmer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 200.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Patricia York Dettmer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Suzanne S. Hickman and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lois L. Hutzler and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Andrew P. Senecal and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lucille Evans Hahn and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/13/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Charles S. Matthews and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

The WISH List

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/13/00	20.00 (Memo Entry)
B. Above contribution earmarked by David H. Miller and transmitted by contributor's original check.			
C. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/13/00	250.00 (Memo Entry)
D. Above contribution earmarked by Alinda H. Wikert and transmitted by contributor's original check.			
E. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	100.00 (Memo Entry)
F. Above contribution earmarked by Charles L. Clapp and transmitted by contributor's original check.			
G. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	50.00 (Memo Entry)
H. Above contribution earmarked by Jean M. Curtiss and transmitted by contributor's original check.			
I. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	150.00 (Memo Entry)

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FEC FORM 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Diana B. Dunnan and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Everett Fisher and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Nedenia H. Hartley and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Alfred S. Howes and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Brooks Hurst and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by J.E. Kooiker and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Greta B. Layton and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Maureen Mayer and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Frances G. Pepper and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Carolyn Rowland and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William L. Saltonstall and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Katherine L. Seewald and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Lois Setterberg and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/17/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elizabeth H. Smith and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)

The WISH List

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	15.00 (Memo Entry)
B. Above contribution earmarked by Ellis C. Taylor and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	50.00 (Memo Entry)
D. Above contribution earmarked by Jane R. Voigt and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/17/00	25.00 (Memo Entry)
F. Above contribution earmarked by Berta S. Vore and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/21/00	50.00 (Memo Entry)
H. Above contribution earmarked by Paul E. Ogle and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/21/00	100.00 (Memo Entry)

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TOTAL This Period (last page this line number only) .....

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Bonnie Q. Herron and transmitted by contributor's original check.	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)		
B. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Jeannette D. Naman and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by David Z. Bailey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Norma Van Dusen and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: ☒ Primary ☐ General ☐ Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 1,000.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Frances S. Nelson and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 40.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Elsa F. Sauter and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Ada A. Strasenburgh and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by C. Douglas Dillon and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Anita J. Hall and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional) .....

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Carrilou W. Hurlbut and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William D. Ruckelshaus and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Patricia Lahr Smith and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 25.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Helen E. Mueser and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Madeline McWhinney Dale and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/23/00	25.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Mary Virginia Welles and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/28/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Rosemarie Buntrock and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/28/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Anna S. Jeffrey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/30/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Almeda C. Riley and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 599 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/30/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

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TOTAL This Period (last page this line number only) .....

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The Wish List

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Above contribution earmarked by W. Joan M. Hurst and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 598 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/30/00	Amount of Each Disbursement This Period 500.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code SUE KELLY FOR HOUSE 187 Jay Street P. O. Box 598 Katonah, NY 10536	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/30/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Marian E. Goetze and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			
TOTAL This Period (last page this line number only)			

FEC FORM 3

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 45 OF 46

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Alice Schlenker for Congress Committee P O Box 23041 Tugard, OR 97281	Schlenker, U.S. HOUSE 1th OR Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/30/00	2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 46 OF 48

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Shelley Moore Capito P O Box 11519 Charleston, WV 25339	Purpose of Disbursement Moore Capito, U.S. HOUSE 2nd WV Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/30/00	Amount of Each Disbursement This Period 2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	11,127.02

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 5

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Deborah Wilder for Assembly 850 Chrysopolis Dr. Foster City, CA 94404	Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	03/01/00	100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Above contribution earmarked by RoyAnne T. Florence and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
C. Full Name, Mailing Address and ZIP Code Judy Mikels for State Senate 2470 Steams Street#301 Simi Valley, CA 93063	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Susan B. Plant and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Laura Perry for Assembly 232 Tennant Street Morgan Hill, CA 95037	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Carolyn Hall and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Sue Jackson for Assembly 15984 Grandview Ave Monte Sereno, CA 95030	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by RoyAnne T. Florence and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Sue Jackson for Assembly 15984 Grandview Ave Monte Sereno, CA 95030	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 5

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by Carolyn Hall and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Sue Jackson for Assembly 15884 Grandview Ave Monte Sereno, CA 95030	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 03/01/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Susan B. Plant and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D. Full Name, Mailing Address and ZIP Code Penny Halgren for State Assembly 5173 Waring Road #427 San Diego, CA 92120	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 03/03/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
	Disbursement for [X] Primary [ ] General [ ] Other (specify) 2000		
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code Friends of Lynn Daucher 990 West Birchcrest Brea, CA 92822	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 03/03/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code Joann Steinmeier for State Assembly 713 W. Duarte Road Unit G Arcadia, CA 91007	Purpose of Disbursement Unsolicited Direct Contribution: See Below	Date (month, day, year) 03/03/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
	Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000		
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 5

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Sue Jackson for Assembly 15984 Grandview Ave Monte Sereno, CA 95030	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/03/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code Judy Mikels for State Senate 2470 Stearns Street#301 Simi Valley, CA 93063	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/03/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
D. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code Laura Perry for Assembly 232 Tennant Street Morgan Hill, CA 95037	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/03/00	Amount of Each Disbursement This Period 250.00 (Memo Entry)
F. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Candace L. Straight and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code Judy Mikels for State Senate 2470 Stearns Street#301 Simi Valley, CA 93063	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/06/00	Amount of Each Disbursement This Period 50.00 (Memo Entry)
H. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Cynthia Salisbury and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code Jane Shapiro for State Assembly 18616 Ventura Blvd. Tarzana, CA 91356	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

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FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Above contribution earmarked by William A. Seavey and transmitted by contributor's original check.	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
B. Full Name, Mailing Address and ZIP Code Jane Shapiro for State Assembly 18616 Ventura Blvd. Tarzana, CA 91356	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
C. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Holly Strom and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code Friends of Lynn Daucher 990 West Birchcrest Brea, CA 92822	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
E. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William A. Seavey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code Charlene Zettel for Assembly 15708 Pomerado Road Suite 101 Poway, CA 92064	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
G. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William A. Seavey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code Sue Jackson for Assembly 15884 Grandview Ave Monte Sereno, CA 95030	Purpose of Disbursement Unsolicited Direct Contribution: See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
I. Full Name, Mailing Address and ZIP Code Above contribution earmarked by William A. Seavey and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

The WISH List

A. Full Name, Mailing Address and ZIP Code Sue Jackson for Assembly 15984 Grandview Ave Monte Serano, CA 95030	Purpose of Disbursement Unsolicited Direct Contribution; See Below Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 03/21/00	Amount of Each Disbursement This Period 100.00 (Memo Entry)
B. Full Name, Mailing Address and ZIP Code Above contribution earmarked by Stone D. Coxhead and transmitted by contributor's original check.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code MEMO ENTRY: Year-to-date contributions to Non-Federal Candidates - $17,500.00	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

4-00173

SCHEDULE H1
(effective 1/1/91)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

The WISH List

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) . . . . . %

- ☐ PRESIDENTIAL YEAR (65%)
- ☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) . . . . . %

OR

☐ FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL . . . . . %
- ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . %

ADJUSTMENTS TO FUNDS EXPENDED:

- ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL . . . . . $ . . . . . %
- ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT FEDERAL . . . . . 75 %
- ESTIMATED DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . 25 %

ADJUSTMENTS TO FUNDS EXPENDED:

- ACTUAL DIRECT CANDIDATE SUPPORT FEDERAL . . . . . $ . . . . . %
- ACTUAL DIRECT CANDIDATE SUPPORT NON-FEDERAL . . . . . $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION
CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	☐ (1 POINT)	
2. U.S. SENATE	☐ (1 POINT)	
3. U.S. CONGRESS	☐ (1 POINT)	
4. SUBTOTAL FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	☐ (1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	☐ (1 OR 2 POINTS)	
7. STATE SENATE	☐ (1 POINT)	
8. STATE REPRESENTATIVE	☐ (1 POINT)	
9. LOCAL CANDIDATES	☐ (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	☐ (1 POINT)	
11. SUBTOTAL NON-FEDERAL (ADD 5, 6, 7, 8, 9 AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 . . . . . %

SCHEDULE H2
(effective 1/1/91)

ALLOCATION RATIOS

PAGE	OF
1	1

NAME OF COMMITTEE

The WISH List

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. EXEMPT activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared DIRECT CANDIDATE support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT 3/21 DC ACTIVITY IS: . . . [X] FUNDRAISING . [ ] EXEMPT. . . . . [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS:. . [ ] NEW. . . . . [ ] REVISED . . . . [X] SAME AS PREVIOUSLY REPORTED	75.00	25.00
NAME OF ACTIVITY OR EVENT 5/04 CA ACTIVITY IS: . . . [X] FUNDRAISING . [ ] EXEMPT. . . . . [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS:. . . [ ] NEW. . . . . [ ] REVISED . . . . [X] SAME AS PREVIOUSLY REPORTED	75.00	25.00
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . [ ] FUNDRAISING . [ ] EXEMPT. . . . . [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS:. . . [ ] NEW. . . . . [ ] REVISED . . . . [ ] SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . [ ] FUNDRAISING . [ ] EXEMPT. . . . . [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS:. . [ ] NEW. . . . . [ ] REVISED . . . [ ] SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . [ ] FUNDRAISING [ ] EXEMPT. . . . . [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS:. . . [ ] NEW. . . . . [ ] REVISED . . . . [ ] SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . [ ] FUNDRAISING . [ ] EXEMPT. . . . . [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS:. . . [ ] NEW. . . . . [ ] REVISED . . . . [ ] SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: . . . [ ] FUNDRAISING . [ ] EXEMPT. . . . . [ ] DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS:. . . [ ] NEW. . . . . [ ] REVISED . . . . [ ] SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

PAGE	OF
1	2

FOR LINE 18

NAME OF COMMITTEE

The WISH List

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT

The WISH List - Non Federal

DATE OF RECEIPT

03/16/00

$ 4,613.75

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	2,175.97		
ii) Direct Fundraising (List Events-Amounts for Each)			
a) 3/21 DC		1,806.49	
b) 5/04 CA		631.29	
c)			
d)			
e) Total Amount Transferred for Direct Fundraising		2,437.78	
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT

The WISH List - Administration Non Federal

DATE OF RECEIPT

03/27/00

$ 3,817.28

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	3,817.28		
ii) Direct Fundraising (List Events-Amounts for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE	5,993.25	2,437.78		8,431.03
TOTAL THIS PERIOD				

RECEIPT SCHEDULE H3
(effective 1/1/91)

TRANSFERS FROM NON-FEDERAL ACCOUNTS

FOR LINE 18

NAME OF COMMITTEE

The WISH List

TOTAL AMOUNT TRANSFERRED

NAME OF ACCOUNT

The WISH List - Non Federal

DATE OF RECEIPT

03/31/00

$ 3,702.20

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive	3,702.20		
ii) Direct Fundraising (List Events-Amounts for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			

NAME OF ACCOUNT

DATE OF RECEIPT

$

	BREAKDOWN OF TRANSFER RECEIVED		
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DIRECT CANDIDATE SUPPORT
i) Total Administrative/Voter Drive			
ii) Direct Fundraising (List Events-Amounts for Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred For Direct Fundraising			
iii) Exempt Activity/Direct Candidate Support (List Events-Amounts For Each)			
a)			
b)			
c)			
d)			
e) Total Amount Transferred for Exempt Activity/Direct Candidate Support			

	TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED			
	ADMIN./VOTER DRIVE AMOUNT	DIRECT FUND-RAISING AMOUNT	EXEMPT ACTIVITY/DCS	
SUBTOTAL THIS PAGE	3,702.20			3,702.20
TOTAL THIS PERIOD	9,695.45	2,437.78		12,133.23

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 1 OF 12

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Patricia Naguder Ward 2402 9th Street, North Apt. 2 Arlington, VA 22201	Salary	03/01/00	875.58	656.69	218.89
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Judith Singleton 3311 N Street, NW Apt. 2 Washington, DC 20007	Salary	03/01/00	110.82	83.12	27.70
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Judith Singleton 3311 N Street, NW Apt. 2 Washington, DC 20007	Salary	03/01/00	110.82	83.12	27.70
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Karen K. Kaye 6034 Munson Hill Road Falls Church, VA 22041	Salary	03/01/00	1,985.29	1,488.97	496.32
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Deborah Sline 4917 N. 35th Street Arlington, VA 22207	Consulting Fees	03/01/00	3,500.00	2,625.00	875.00
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage	03/03/00	110.00	82.50	27.50
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			6,692.51	5,019.40	1,673.11
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i; non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 2 OF 12

FOR LINE 21a

NAME OF COMMITTEE

The Wise List

	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
A. FULL NAME, MAILING ADDRESS & ZIP CODE Deborah Sline 4917 N. 35th Street Arlington, VA 22207	Office Expenses	03/05/00	173.55	130.16	43.39
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE US Postmaster 1215 31st Street, NW Washington, DC 20007	PURPOSE/EVENT Postage 5/4 CA	DATE 03/09/00	TOTAL AMOUNT 1,155.00	FEDERAL SHARE 866.25	NON-FEDERAL SHARE 288.75
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE Key Printing and Duplicating 14300 Cherry Lane Court Laurel, MD 20707	PURPOSE/EVENT Printing	DATE 03/15/00	TOTAL AMOUNT 748.13	FEDERAL SHARE 561.10	NON-FEDERAL SHARE 187.03
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE Key Printing and Duplicating 14300 Cherry Lane Court Laurel, MD 20707	PURPOSE/EVENT Printing	DATE 03/15/00	TOTAL AMOUNT 423.94	FEDERAL SHARE 317.96	NON-FEDERAL SHARE 105.98
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE Politemps 1244 19th Street, NW First Floor Washington, DC 20036	PURPOSE/EVENT Temp Services	DATE 03/15/00	TOTAL AMOUNT 356.00	FEDERAL SHARE 267.00	NON-FEDERAL SHARE 89.00
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE Gilbert & Wolfand, PC 2201 Wisconsin Avenue, NW Suite 320 Washington, DC 20007	PURPOSE/EVENT Accounting Services	DATE 03/15/00	TOTAL AMOUNT 2,030.75	FEDERAL SHARE 1,523.06	NON-FEDERAL SHARE 507.69
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			4,887.37	3,665.53	1,221.84
TOTAL THIS PERIOD (last page for each line only) (Fed share to 21 a and non-Fed. share to 21 b) . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE	OF
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FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Waste Management of MD 4900 Beech Place Temple, MD 20748	Trash Removal	03/15/00	37.80	28.35	9.45
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Bell Atlantic PO Box 646 Baltimore, MD 21265-0646	Telephone	03/15/00	240.93	180.70	60.23
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Snow Valley PO Box 6639 Annapolis, MD 21401	Office Expense	03/15/00	12.69	9.52	3.17
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
The Levy Group Ltd 1321 1/2 Wisconsin Ave,NW Washington, DC 20007	Rent	03/15/00	1,700.00	1,275.00	425.00
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Quick Messenger Service PO Box 27378 Washington, DC 20038-7378	Courier	03/15/00	72.56	54.42	18.14
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
At Your Service 11890-I Old Baltimore Pk Beltsville, MD 20705-1214	Mailing Services	03/15/00	345.53	259.15	86.38
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			2,409.51	1,807.14	602.37
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.i and non-Fed. share to 21 a.ii). . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 4 OF 12

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Commercial Union PO Box 105394 Atlanta, GA 30348-5339	Insurance	03/15/00	51.72	38.79	12.93
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Cable & Wireless PO Box 371968 Pittsburgh, PA 15250	Telephone	03/15/00	361.23	270.92	90.31
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
MCI Telecommunication PO Box 371355 Pittsburgh, PA 15250-7395	Telephone	03/15/00	239.11	179.33	59.78
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Wiley, Rein & Fielding 1776 K Street, NW Washington, DC 20006	Legal Services	03/15/00	1,025.69	769.27	256.42
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Federal Express PO Box 1140 Memphis, TN 38101-1140	Delivery	03/15/00	620.56	465.42	155.14
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Copy General 1055 Thos Jefferson St,NW Washington, DC 20007	Printing	03/15/00	91.38	68.54	22.84
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			2,389.69	1,792.27	597.42
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a) and non-Fed. share to 21 a))					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/01)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 5 OF 12

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
A. FULL NAME, MAILING ADDRESS & ZIP CODE US Postage 1215 31st Street, NW Washington, DC 20007	Postage	03/15/00	41.47	31.10	10.37
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE Nancy Greenbach 236 Camino Al Lago Atherton, CA 94027	PURPOSE/EVENT Meeting Expenses	DATE 03/15/00	TOTAL AMOUNT 309.43	FEDERAL SHARE 232.07	NON-FEDERAL SHARE 77.36
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE Susan V. Sweeney 445 El Escarpado Way Stanford, CA 94305	PURPOSE/EVENT Meeting Expense	DATE 03/15/00	TOTAL AMOUNT 1,000.46	FEDERAL SHARE 750.35	NON-FEDERAL SHARE 250.11
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE American Express 300 S. Riverside Plaza Suite 0001 Chicago, IL 60679-0001	PURPOSE/EVENT ***See Breakdown Below****	DATE 03/15/00	TOTAL AMOUNT 240.75	FEDERAL SHARE 180.56	NON-FEDERAL SHARE 60.19
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: 6					
E. FULL NAME, MAILING ADDRESS & ZIP CODE Domino's Pizza Washington, DC	PURPOSE/EVENT Meals	DATE 03/15/00	TOTAL AMOUNT 35.25 Memo	FEDERAL SHARE 26.44 Memo	NON-FEDERAL SHARE 8.81 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE Billy Martin's Washington, DC	PURPOSE/EVENT Meals	DATE 03/15/00	TOTAL AMOUNT 24.73 Memo	FEDERAL SHARE 18.55 Memo	NON-FEDERAL SHARE 6.18 Memo
CATEGORY [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1,592.11	1,194.09	398.03
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE	OF
6	12

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Office Depot Vienna, VA	Office Supplies	03/15/00	30.56 Memo	22.92 Memo	7.64 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Staples Baileys Crossroad, VA	Office Supplies	03/15/00	128.26 Memo	96.20 Memo	32.06 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
America On Line Dulles, VA	On Line Service	03/15/00	21.95 Memo	16.45 Memo	5.50 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
American Express 300 S. Riverside Plaza Suite 0001 Chicago, IL 60679-0001	***See Breakdown Below*****	03/15/00	483.83	362.87	120.96
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
US Airways Winston Salem, NC	Travel	03/15/00	169.00 Memo	126.75 Memo	42.25 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
La colline Washington, DC	Meals	03/15/00	114.83 Memo	86.12 Memo	28.71 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			483.83	362.87	120.96
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a and non-Fed. share to 21 a(i))					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 7 OF 12

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Augies Front Burner Springfield, IL	Meals	03/15/00	200.00 Memo	150.00 Memo	50.00 Memo
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
At Your Service 11690-I Old Baltimore Pk Beltsville, MD 20705-1214	Mailing Service	03/16/00	291.18	218.39	72.79
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Waste Management of MD 4900 Beach Pl. Temple Hills, MD 20748	Trash Removal	03/1600	38.17	28.63	9.54
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Judith Singleton 3311 N Street, NW Apt. 2 Washington, DC 20007	Salary	03/16/00	147.76	110.82	36.94
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Karen E. Raye 6034 Munson Hill Road Falls Church, VA 22041	Salary	03/16/00	1,985.29	1,488.97	496.32
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Patricia Maguder Ward 2402 9th Street, North Apt. 2 Arlington, VA 22201	Salary	03/16/00	875.58	656.69	218.89
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			3,337.98	2,503.50	834.48
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.i and non-Fed. share to 21 a.ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/81)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

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FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Erin P. McCord 624 North Carolina Ave,SE Washington, DC 20003	Salary	03/16/00	1,745.82	1,309.37	436.45
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Erin P. McCord 624 North Carolina Ave,SE Washington, DC 20003	Office Expense	03/17/00	193.24	144.93	48.31
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Hyatt Regency Washington One Capitol Hill 400 New Jersey Ave, NW Washington, DC 20001	Meeting Expense 3/21 DC	03/17/00	6,886.40	5,164.80	1,721.60
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Staples 3307 M Street, NW Washington, DC 20007	Supplies 3/21 DC	03/20/00	30.30	22.73	7.57
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Minute Man Printers 555 New Jersey Ave, NW Washington, DC 20001	Printing 3/21 DC	03/21/00	309.30	231.98	77.32
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [X] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ 7,932.21					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
WRXC 3 West 51st Street New York, NY 10019	Meeting Expense	03/24/00	769.50	577.12	192.38
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			9,934.56	7,450.93	2,483.63
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii). . . .					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page).					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 9 OF 12

FOR LINE 21a

NAME OF COMMITTEE

The WISH List

	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
A. FULL NAME, MAILING ADDRESS & ZIP CODE Susan V. Sweeney 445 Escarpado Way Stanford, CA 94305	Invitation Printing 5/4 CA	03/24/00	1,370.17	1,027.63	342.54
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☒ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ 2,662.12					
B. FULL NAME, MAILING ADDRESS & ZIP CODE Optimum Choice PO Box 75051 Baltimore, MD 21275-5051	Insurance	03/24/00	123.41	92.56	30.85
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE Pacific Bell Payment Center Sacramento, CA 95887-0001	Telephone	03/24/00	39.48	29.61	9.87
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE Xerox Corporation PO Box 7598 Philadelphia, PA 19101	Equipment Rental	03/24/00	143.37	107.53	35.84
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE Federal Express PO Box 1140 Memphis, TN 38101-1140	Delivery	03/24/00	281.17	210.88	70.29
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE Lucent Technologies PO Box 371358 Pittsburgh, PA 15286-7358	Telephone	03/24/00	38.96	29.22	9.74
CATEGORY: ☒ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1,996.56	1,497.43	499.13
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/96)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

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FOR LINE 21a

NAME OF COMMITTEE

The Wise List

	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
A. FULL NAME, MAILING ADDRESS & ZIP CODE Karen K. Raye 6034 Munson Hill Road Falls Church, VA 22041	Voided Check	03/29/00	(1,985.29)	(1,488.97)	(496.32)
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE Cable & Wireless PO Box 371968 Pittsburgh, PA 15250	Telephone	03/29/00	555.20	416.40	138.80
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE Bell Atlantic PO Box 646 Baltimore, MD 21265-0646	Telephone	03/29/00	326.73	245.05	81.68
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE Federal Express PO Box 1140 Memphis, TN 38101-1140	Delivery	03/29/00	141.68	106.26	35.42
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE Karen K. Raye 6034 Munson Hill Road Falls Church, VA 22041	Salary	03/29/00	1,985.29	1,488.97	496.32
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE Patricia Haguder Ward 2402 9th Street Apt. 2 Arlington, VA 22201	Salary	03/29/00	875.58	656.69	218.89
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			1,899.19	1,424.40	474.79
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

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FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Erin P. McCord 624 North Carolina Ave,SE Washington, DC 20003	Salary	03/29/00	1,233.78	925.34	308.44
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Judith Singleton 3311 N Street, NW Apt. 2 Washington, DC 20007	Salary	03/29/00	147.76	110.82	36.94
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
US Postmaster 1215 31st Street, NW Washington, DC 20007	Postage	03/29/00	332.98	249.74	83.24
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Virginia Department of Taxation PO Box 27264 Richmond, VA 23261-7264	Payroll Taxes	03/30/00	2,422.73	1,817.05	605.68
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
DC Treasurer 441 Fourth Street, NW Washington, DC 20001	Payroll Taxes	03/30/00	403.73	302.80	100.93
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
BB&T 1300 Wisconsin Avenue, NW Washington, DC 20007	Payroll Taxes	03/30/00	8,368.63	6,276.47	2,092.16
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			12,909.61	9,682.22	3,227.39
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a i and non-Fed. share to 21 a ii)					
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page)					

DISBURSEMENT SCHEDULE H4
(effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

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FOR LINE 21a

NAME OF COMMITTEE

The WISH List

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
Northern Leasing 333 7th Avenue New York, NY 10001	Equipment Rental	03/03/00	50.09	37.57	12.52
CATEGORY: [X] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $ 112,969.17					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: [ ] ADMINISTRATIVE/VOTER DRIVE [ ] FUNDRAISING [ ] EXEMPT [ ] DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE			50.09	37.57	12.52
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a and non-Fed. share to 21 a-f). . . .			48,583.01	36,437.34	
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 31 of the detailed summary page).					12,145.67

The WISH List
Memo Entry - Line 21a
Unitemized Charges - American Express 02/01/00

Full Name and Mailing Address	Purpose/ Event	Date	Total Amount	Federal Share	NonFederal Share
Staples Corporate Chambersburg, PA	Office Supplies	2/1/00	253.77	190.33	63.44
Peacock Café Washington, DC	Meals	2/1/00	12.93	9.70	3.23
Staples Washington, DC	Office Supplies	2/1/00	33.16	24.87	8.29
Mill Valley Flowers Mill Valley, CA	Florist	2/1/00	45.00	33.75	11.25
Clyde's of Georgetown Washington, DC	Meals	2/1/00	50.96	38.22	12.74
Staples Falls Church, VA	Office Supplies	2/1/00	16.78	12.59	4.19
Paolos Washington, DC	Meals	2/1/00	26.55	19.91	6.64
J. Pauls Washington, DC	Meals	2/1/00	38.43	28.82	9.61
The Old Ebbitt Grill Washington, DC	Meals	2/1/00	27.98	20.99	6.99
Domino's Pizza Washington, DC	Meals	2/1/00	19.24	14.43	4.81
AOL Service Dulles, VA	On Line Services	2/1/00	21.95	16.46	5.49
			546.75	410.07	136.68

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 4-18-22
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMJJ
PREPARER

4-18-22
DATE PREPARED

(4/98)