

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

Levin for Congress Committee C00158612

| | | | |
|--|---|---|---|
| <p>A. Full Name, Mailing Address and ZIP Code Joan Spero 650 Fifth Ave. New York, NY 10019</p> | <p>Name of Employer Doris Duke Charitable Foundation</p> | <p>Date (month, day, year) 7/12/00</p> | <p>Amount of Each Receipt this Period \$250.00</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation President Aggregate Year-to-Date > \$ 250.00</p> | | |
| <p>B. Full Name, Mailing Address and ZIP Code Carl I. Cohen 1106 Laurelwood Carmel, IN 46032-8748</p> | <p>Name of Employer Self</p> | <p>Date (month, day, year) 8/17/00</p> | <p>Amount of Each Receipt this Period \$1,000.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation attorney Aggregate Year-to-Date > \$ 1,000.00</p> | | |
| <p>C. Full Name, Mailing Address and ZIP Code Richard Crowe 811 Poplar Ave Royal Oak, MI 48073-3243</p> | <p>Name of Employer Wamen Consolidated Schools</p> | <p>Date (month, day, year) 8/22/00</p> | <p>Amount of Each Receipt this Period \$200.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Teacher Aggregate Year-to-Date > \$ 300.00</p> | | |
| <p>D. Full Name, Mailing Address and ZIP Code Bruce Allen 1717 Old Bridge Rd. Riverside, CA 92506-5626</p> | <p>Name of Employer Rural Mental Health</p> | <p>Date (month, day, year) 8/29/00</p> | <p>Amount of Each Receipt this Period \$1,000.00</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Clinical Psychologist Aggregate Year-to-Date > \$ 1,000.00</p> | | |
| <p>E. Full Name, Mailing Address and ZIP Code Francois Caslaing 6394 Muirfield Ct Bloomfield Hills, MI 48301-1503</p> | <p>Name of Employer Not Applicable</p> | <p>Date (month, day, year) 7/3/00</p> | <p>Amount of Each Receipt this Period \$500.00</p> |
| <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Retired Aggregate Year-to-Date > \$ 500.00</p> | | |
| <p>F. Full Name, Mailing Address and ZIP Code</p> | <p>Name of Employer</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Aggregate Year-to-Date > \$</p> | | |
| <p>G. Full Name, Mailing Address and ZIP Code</p> | <p>Name of Employer</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Occupation Aggregate Year-to-Date > \$</p> | | |

SUBTOTAL of Receipts This Page (optional)

\$2,950.00

TOTAL This Period (last page this line number only)

\$93,000.00