

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (in Full)

**John Kelly for Congress**

**C00352732**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Besozzi, Paul</b> 9722 Culver St Kensington MD 20895 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Patton Boggs LLP</b>  Occupation <b>attorney</b> Aggregate Year-to-Date > \$500.00	<b>4/25/2000</b>	<b>\$500.00</b>
<b>Bladh, Wayne</b> 500 Marquette NW Ste 1050 Albuquerque NM 87102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Nordhaus Law Firm</b>  Occupation <b>attorney</b> Aggregate Year-to-Date > \$75.00	<b>4/26/2000</b>	<b>\$12.50 MEMO Partnership Attributed</b>
<b>Blake, Kathleen</b> 3218 El taboso NW Albuquerque NM 87104 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>NM Heart Inst</b>  Occupation <b>physician</b> Aggregate Year-to-Date > \$250.00	<b>5/13/2000</b>	<b>\$250.00</b>
<b>Brown, Lee</b> P O Box 1426 Corrales NM 87048 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>self-employed</b>  Occupation <b>consultant</b> Aggregate Year-to-Date > \$250.00	<b>4/30/2000</b>	<b>\$250.00</b>
<b>Bryan, Pat</b> 500 Copper NW Albuquerque NM 87102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Bryan and Flynn-O'Brien</b>  Occupation <b>attorney</b> Aggregate Year-to-Date > \$100.00	<b>5/5/2000</b>	<b>\$100.00 MEMO Partnership Attributed</b>
<b>Butzier, Stuart</b> P O Box 2168 Albuquerque NM 87103 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Modrall Sperling Roehl</b>  Occupation <b>attorney</b> Aggregate Year-to-Date > \$250.00	<b>5/5/2000</b>	<b>\$250.00</b>
<b>Calvani, Torello</b> 420 E 13th St New York NY 10009 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Clifford Chance Rogers / Wells</b>  Occupation <b>paralegal</b> Aggregate Year-to-Date > \$1,000.00	<b>4/25/2000</b>	<b>\$1,000.00</b>

SUBTOTAL of Receipts This Page (optional)

**\$2,250.00**

TOTAL This Period (last page has line number only)