

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)(i)

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NAME OF COMMITTEE (in Full)

John D. Dingell for Congress Committee G0D002B00

A. Full Name, Mailing Address and ZIP Code Karl Guido 180 N. Martha Dearborn, MI 48128-1820 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sacred Heart School	Date (month, day, year) 01/18/2000	Amount of Each Receipt this Period \$500.00
	Occupation Substitute Teacher Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Ann Brown 4330 East West Highway, #72D Bethesda, MD 20814 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CPSC	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period \$1,000.00
	Redesignation Requested Chairwoman Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code Patrick H. Williams 4213 Everett Street Kensington, MD 20895 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Pat Williams and Associates	Date (month, day, year) 03/10/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation President Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code David Nelson 3714 Albemarle St., NW Washington, DC 20018 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer David Nelson & Assoc	Date (month, day, year) 03/31/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation Consultant Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Basil D. Boji 29288 Briarbank Ct Southfield, MI 48034 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Orchard Market Place	Date (month, day, year) 01/21/2000	Amount of Each Receipt this Period \$500.00
	Occupation Owner Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Amelia Scaglione 28238 Harwich Farmington Hills, MI 48334 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Park West Gallery	Date (month, day, year) 02/22/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation Executive Vice President Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code Mark B. Saffer 3165 Gilbert Ridge Road West Bloomfield, MI 48322 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Midwest Health Ctr	Date (month, day, year) 01/21/2000	Amount of Each Receipt this Period \$1,000.00
	Occupation Physician Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional) \$5,000.00

TOTAL This Period (last page this line number only)