

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)(1)**

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Elaine Bloom for Congress C00345405

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|--|--------------------------|------------------------------------|
| Mary Jean Tully 3 Sniffen Road Armonk, NY 10504 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Retired Retired Aggregate Year-to-Date > \$ | 11/3/00 \$250.00 | \$250.00 |
| John Van Unet 281 Highbrook Ave. Palham, NY 10903 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Hialeah Park Government Relations Consul Aggregate Year-to-Date > \$ | 11/3/00 \$750.00 | \$250.00 |
| Muriel Weingrow 805 third Avenue, 15th floor New York, NY 10022 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self Homemaker Aggregate Year-to-Date > \$ | 10/27/00 \$500.00 | \$500.00 |
| Eleanor Weinglock 525 S. Flagler Dr. #12-C West Palm Beach, FL 33401 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Retired Retired Aggregate Year-to-Date > \$ | 10/26/00 \$200.00 | \$200.00 |
| Jayne Weintraub 100 SE 2nd Street, St. 3550 Miami, FL 33131 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self Attorney Aggregate Year-to-Date > \$ | 10/27/00 \$250.00 | \$250.00 |
| Douglas Weiser 3250 Mary Street Miami, FL 33133 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Carnival Resorts & Casinos Aggregate Year-to-Date > \$ | 11/3/00 \$750.00 | \$750.00 |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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)

\$2,200.00

TOTAL This Period (last page this line number only)