

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 32 OF 43

FOR LINE NUMBER

1121

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NAME OF COMMITTEE (in Full)

Committee to Elect Tom Cramer

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katrina Meserovich 110 Riverside Dr 16a New York, NY 10024	Homemaker	07-31-1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker		
	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
Harle Montgomery 24 Bridlewood Rd. Northbrook, IL 60062	Retired	10-25-1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	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
Katie Mountcastle 37 Oenoke Lane New Canaan, CT 06840	None	11-21-1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: None		
	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
Anne Peretz 20 Larchwood Dr. Cambridge, MA 02138	The Family Center	07-15-1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Family Therapist		
	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
Vera Pratt 4314 Klingk St NW Washington, DC 20016	Retired	10-26-1999	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	Aggregate Year-to-Date > \$	500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pat and John Rosenwald 944 5th Ave New York, NY 10021	Bear Stern	07-22-1999	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice Chairman		
	Aggregate Year-to-Date > \$	250.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Ryder 2451 Brickell Ave Miami, FL 33129	Retired	11-02-1999	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired		
	Aggregate Year-to-Date > \$	350.00	

SUBTOTAL of Receipts This Page (optional)

