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)

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NAME OF COMMITTEE (In Full)
MORRISEY FOR CONGRESS

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. CURTIS MOONEY 5001 KEYSTONE AVE BETHESDA, MD 20814 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: AMERICAN HOSPITAL ASSOCIATION Occupation: DIR. OF GOV. RELATIONS Aggregate Year-to-Date > $ 500	12/14/99	$500.00
B. ROBERT WATERS 1604 CRESTWOOD LANE MCLEAN, VA 22101 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: ARENT FOX Occupation: ATTORNEY Aggregate Year-to-Date > $ 1,000	12/14/99	$1,000.00
C. CONNIE MAFFA 1 KRAVER LANE NORWALK, CT 06850-1525 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: ARENT FOX Occupation: ATTORNEY Aggregate Year-to-Date > $ 500	12/14/99	$500.00
D. DAVID SUNDQUIST 620 HAWKESBURY TERRACE SILVER SPRING, MD 20904 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: AMERICAN CLINICAL LABORATORY ASSOCIATION Occupation: PRESIDENT Aggregate Year-to-Date > $ 500	12/14/99	$500.00
E. Full Name, Mailing Address and ZIP Code ALAN REIDER 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: ARENT FOX Occupation: ATTORNEY Aggregate Year-to-Date > $ 1,000	12/14/99	$1,000.00
F. Full Name, Mailing Address and ZIP Code MARC FLEISCHAKER 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036-5339 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: ARENT FOX Occupation: ATTORNEY Aggregate Year-to-Date > $ 500	12/14/99	$500.00
G. Full Name, Mailing Address and ZIP Code DON MCLEAN 1050 CONNECTICUT AVE, NW WASHINGTON, DC 20036 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: ARENT FOX Occupation: ATTORNEY Aggregate Year-to-Date > $ 500	12/14/99	$500.00

SUBTOTAL of Receipts This Page (optional) $4,500.00

TOTAL This Period (last page this line number only) .....

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