SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

NEW YORK REPUBLICAN COUNTY COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Irene R. Halligan 505 E. 79th St. NYC 10021	NYC Commissioner	2/4/98	1,000.
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $	1,000.	
B. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
William F. Reilly 745 Fifth Ave. NYC 10152	Pri-Media	"	5,000.
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chairman		
	Aggregate Year-to-Date > $	5,000.	
C. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Morris H. Bergreen 767 Fifth Ave. NYC 10153	Bergreen & Bergreen	"	2,000.
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Attorney		
	Aggregate Year-to-Date > $	2,000.	
D. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hon. Irving M. Rosen 100 Sunrise Ave. Palm Beach, Fl. 33480	Retired	"	1,000.
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	1,000.	
E. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Joan W. Hill 165 W. 66th St. NYC 10023	Retired	"	300.
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	300.	
F. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
David A. Goldstein 230 Park Ave. NYC 10169	Attorney	"	1,000.
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	1,000.	
G. Full Name, Mailing Address and ZIP Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Dr. Patrick F. O'Leary 1160 Park Ave. NYC 10128	Doctor	"	5,000.
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-to-Date > $	5,000.	

SUBTOTAL of Receipts This Page (optional) ____

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