

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)

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NAME OF COMMITTEE (in Full)

CRANE FOR CONGRESS COMMITTEE

02014114023

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RALPH H. MARTIN 745 MARCELLA RD. Des PLAINES, IL 60016		10/30/97	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	11/13/97	100.00
Aggregate Year-to-Date > \$ 500.00			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS. ANITA M. MCKINNON 1409 S. MARIPOSA AVE. Los Angeles, CA 90006		10/30/97	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired teacher		
Aggregate Year-to-Date > \$ 600.00			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EUGENE A MEYER RR 3 Red LAKE FALLS MN 56750		11/17/97	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation FARMER		
Aggregate Year-to-Date > \$ 750.00			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEPHAN P. MUNISTERI 1331 LAMAR, Suite 1560 Houston, TX 77010		10/28/97	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY		
Aggregate Year-to-Date > \$ 1,000.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MRS MIRIAM W. MUSTA 407 S. ORANGE DR. Los Angeles, CA 90036		10/29/97	100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
Aggregate Year-to-Date > \$ 700.00			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NEWTON S. NOBLE P.O. Box 511 BARRINGTON, IL 60011		11/17/97	50.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
Aggregate Year-to-Date > \$ 350.00			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ALAN E. PETERSON 409 HILL AVE GLEN ELLYN IL 60137		11/19/97	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT		
Aggregate Year-to-Date > \$ 400.00			

SUBTOTAL of Receipts This Page (optional)	2,150.00
TOTAL This Period (last page this line number only)	