

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER
11A1

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NAME OF COMMITTEE (in Full)
Ralph Neas for Congress

Full Name, Mailing Address, and ZIP Code Mr. Robert Banks 9301 Kentdale Drive Potomac MD 20854	Name of Employer World Resources Institute Occupation Biophysicist	Date (month, day, year) 03/27/1988	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Barnett 2801 New Mexico Avenue NW, #324 Washington DC 20007	Name of Employer Williams & Connolly Occupation Lawyer	Date (month, day, year) 03/11/1988	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Belair 6509 Belamine Court McLean VA 22101	Name of Employer Mullenholtz, Brimsek & Belair Occupation Lawyer	Date (month, day, year) 03/31/1988	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Mr. Robert Belair 6509 Belamine Court McLean VA 22101	Name of Employer Mullenholtz, Brimsek & Belair Occupation Lawyer	Date (month, day, year) 01/06/1988	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1500.00		
Full Name, Mailing Address, and ZIP Code Mr. Roger Berkowitz 20 Park Avenue Newton MA 02158	Name of Employer Occupation	Date (month, day, year) 01/26/1988	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Mr. Kenneth Berlin 11901 Piney Glen Lane Potomac MD 20854-14108	Name of Employer Skadden Arps Occupation Lawyer	Date (month, day, year) 03/31/1988	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
Full Name, Mailing Address, and ZIP Code Ms. Carol Berman 2801 New Mexico Avenue NW, #817 Washington DC 20007	Name of Employer Zero to Three Occupation Association Director	Date (month, day, year) 02/19/1988	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		

SUBTOTALS of Receipts This Page (Optional)

TOTALS This Period (last page this line number only)