

SCHEDULE A**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
11A1

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NAME OF COMMITTEE (in Full)
CASSO FOR CONGRESS

Full Name, Mailing Address, and ZIP Code

Deborah E. McFarland
4105-49th St., N.W.

Washington DC 20016

Name of Employer

Retired

Date (month,
day, year)

05/13/1988

Amount of Each
Receipt this Period

250.00

Occupation

Retired

Receipt For:

 Primary General Other (specify):

Aggregate Year-to-Date

\$ 250.00

SUBTOTALS of Receipts This Page (Optional)**TOTALS This Period (last page this line number only)****5550.00**