

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports or Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.			
Name of Committee (in Full)			
A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Edward Connors 1385 Burgundy Ann Arbor, MI 48105		Mercy Healthcare Services	2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Amount of Each Receipt This Period
		Hospital Administrator	250.00
		Aggregate Year-to-Date-\$250.00	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Richard J. Davidson 460 Lyvington Road Severna Park, Maryland 21146		American Hospital Association	2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Amount of Each Receipt This Period
		President	1,000.00
		Aggregate Year-to-Date-\$1,000.00	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Anne Hall Davis Snow Inn Road Harwich Port, MA 02646		Cape Cod Hospital	2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Amount of Each Receipt This Period
		Hospital Executive	500.00
		Aggregate Year-to-Date-\$500.00	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Thomas C. Dolan 339 Cortage Hill Elmhurst, IL 60126		American College of Healthcare Execs.	2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Amount of Each Receipt This Period
		Healthcare Executive	250.00
		Aggregate Year-to-Date-\$250.00	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Stanley M. Fertel 2 Van Tassel Drive Randolph, MA 02368		Jewish Memorial Hospital	2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Amount of Each Receipt This Period
		Hospital Administrator	250.00
		Aggregate Year-to-Date-\$250.00	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Deborah L. Frett 840 North Lake Shore Drive Chicago, Illinois 60611		American Hospital Association, Chicago	2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Amount of Each Receipt This Period
		Vice President	250.00
		Aggregate Year-to-Date-\$250.00	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)
Donna Ganzer 1325 North State Parkway, Apt. 5B Chicago, IL 60610		American Hospital Association, Chicago	2/8/93
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Amount of Each Receipt This Period
		Vice President	250.00
		Aggregate Year-to-Date-\$250.00	
SUBTOTAL of Receipts This Page (optional)			\$2,750.00 ✓
TOTAL This Period (last page this line number only)			

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