

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)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name, Mailing Address, and ZIP Code Mr. HENRY ROSENBERG	Name of Employer Crown Petroleum	Date (month, day, year) 04/20/1989	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO		
		Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Dr. BETSY ZABOROWSKI 1308 E. 36TH STREET BALTIMORE MD 21226	Name of Employer NATIONAL FEDERATION OF THE BLIND	Date (month, day, year) 04/20/1989	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PSYCHOLOGIST		
		Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Mr. WILLIAM COLE, III 115 E. MONTGOMERY STREET BALTIMORE MD 21230	Name of Employer COLE ENTERPRISES, INC.	Date (month, day, year) 04/21/1989	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BANKER		
		Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code SONYA GOODMAN 2307 HIDDEN GLEN OWINGS MILLS MD 21117	Name of Employer Irvington Care Center, Inc	Date (month, day, year) 04/22/1989	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Health Care Associate		
		Aggregate Year-to-Date > \$ 250.00	
Full Name, Mailing Address, and ZIP Code Dr. BETTY EDMONDS 3806 CALLAWAY BALTIMORE MD 21215	Name of Employer Retired	Date (month, day, year) 04/23/1989	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
		Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code WILLIE GEOGORY 13431 DONCASTER LANE BLIVER SPRING MD 20604	Name of Employer PEPSI-COLA	Date (month, day, year) 04/23/1989	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DIRECTOR		
		Aggregate Year-to-Date > \$ 500.00	
Full Name, Mailing Address, and ZIP Code Mr. CHARLES HOLUB 12903 MICHAELSFORD RD COCKEYSVILLE MD 21030	Name of Employer POTTS & CALLAHAN	Date (month, day, year) 04/23/1989	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PRESIDENT		
		Aggregate Year-to-Date > \$ 500.00	

SUBTOTALS of Receipts This Page (Optional)