

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) (ii)

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NAME OF COMMITTEE (In Full)
Hollister For Congress Committee C00328492

Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. J. Steinhauer 4552 Appaloosa Trail Mason, OH 45040 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	None Occupation: Retired Aggregate Year-to-Date: \$ 25.00	10/20/98	50.00
Mr. Charles A. Stemple 3501 Lenox Drive Dayton, OH 45429 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United Health Care Occupation: Manager, Human Resou Aggregate Year-to-Date: \$ 25.00	10/27/98	25.00
Mr. Richard A. Stoff 2374 Bexley Park Bexley, OH 43209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Ohio Business Roundtable Occupation: Lobbyist Aggregate Year-to-Date: \$ 200.00	11/9/98	200.00
Ms. Anna C. Stout 162 Burbridge Ave. Chillicothe, OH 45601-3328 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Employed Occupation: Accounting Aggregate Year-to-Date: \$ 40.00	11/3/98	15.00
Mr. John L. Strauch 28149 North Woodland Road Pepper Pike, OH 44124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date: \$ 200.00	10/15/98	200.00
Mr. Coolidge W. Stryker 7990 Festive Court #2 Cincinnati, OH 45236 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	None Occupation: Retired Aggregate Year-to-Date: \$ 45.00	10/22/98	25.00
Ms. Sharon L. Sullivan 19 Nicholson Court Dayton, OH 45459 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United Health Care Occupation: Director, Customer S Aggregate Year-to-Date: \$ 25.00	10/27/98	25.00

SUBTOTAL of Receipts This Page (optional).....	>	540.00
TOTAL This Period (last page this line number only).....	>	