

**SCHEDULE A ITEMIZED RECEIPTS**

Use separate schedules for each category of this

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FOR LINE NUMBER 11(a)(i)

**Contributions from Individuals**

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NAME OF COMMITTEE (In Full) **Louise Slaughter Re-election Committee** C00213611

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<b>Wyss, John</b> 1776 K Street, N.W. Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Wiley, Rein and Fielding</b>  Occupation <b>Attorney</b> Aggregate Year-to-Date > \$25.00	<b>3/31/98</b>	<b>\$25.00 MEMO Partnership Attributed</b>
<b>Versage, Vincent</b> 325 S. Lee Street Alexandria VA 22314 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Partner</b>  Occupation <b>Cassidy &amp; Associates</b> Aggregate Year-to-Date > \$500.00	<b>3/16/98</b>	<b>\$500.00</b>
<b>Westfall, Dental Group</b> 900 Westfall Professional Park Rochester NY 14618 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Name of Employer</b>  Occupation Aggregate Year-to-Date > \$500.00	<b>3/17/98</b>	<b>\$500.00</b>
<b>Wiley Rein and, Fielding</b> 1776 K Street, N.W. Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Name of Employer</b>  Occupation Aggregate Year-to-Date > \$250.00	<b>3/31/98</b>	<b>\$250.00</b>
<b>Clement, Peter DDS</b> 900 Westfall Professional Park Rochester NY 14618 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Westfall Dental Group</b>  Occupation <b>Dentist</b> Aggregate Year-to-Date > \$125.00	<b>3/17/98</b>	<b>\$125.00 MEMO Partnership Attributed</b>
<b>Gibbs, Thomas DDS</b> 900 Westfall Professional Park Rochester NY 14618 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Westfall Dental Group</b>  Occupation <b>Dentist</b> Aggregate Year-to-Date > \$125.00	<b>3/17/98</b>	<b>\$125.00 MEMO Partnership Attributed</b>
<b>Holden, Katherine</b> 1776 K Street, N.W. Washington DC 20006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):	<b>Wiley, Rein and Fielding</b>  Occupation <b>Attorney</b> Aggregate Year-to-Date > \$50.00	<b>3/31/98</b>	<b>\$50.00 MEMO Partnership Attributed</b>

SUBTOTAL of Receipts This Page (optional)	\$1,250.00
TOTAL This Period (last page this line number only)	