

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER
11a

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NAME OF COMMITTEE (In Full)

COMMITTEE TO RE-ELECT ED TOWNS

C00197285

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LUTHER T CLARK 85-42 MIDLAND PARKWAY JAMAICA ESTATES NY 11432	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation DOCTOR	09/16/97	
	Aggregate Year-to-Date > \$	250.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAGNOLIA VIRGINIA BYNUM 563 SUMMERWALK RD GREENSBORO NC 27455	RETIRED		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/30/97	
	Aggregate Year-to-Date > \$	300.00	300.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MANFRED OHRENSTEIN, LLP 230 PARK AVENUE NEW YORK NY 10169	OHRENSTEIN & EICHER		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	11/25/97	
	Aggregate Year-to-Date > \$	250.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARC KAPLAN 604 OCEANPOINT AVE CEDERHURST NC 12516	DAVID BERGER & CO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VICE PRESIDENT	07/25/97	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARK E. FEINBERG 186 MONTAGUE ST. BRKLYN NY 11201	SELF		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	07/15/97	
	Aggregate Year-to-Date > \$	500.00	500.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MATILDA WREN 749 JEFFERSON AVE BROOKLYN NY 11221	TRICLE MAKERS		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	09/16/97	
	Aggregate Year-to-Date > \$	300.00	300.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAZHAR MALIK 625 LAMONT AVE STATEN ISLAND NY 10312	NY STATE		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MEDICAL RESEARCH SCIENTIST	08/21/97	
	Aggregate Year-to-Date > \$	250.00	250.00

SUBTOTAL of Receipts This Page (optional)..... 2,850.00

TOTAL This Period (last page this line number only).....