

SCHEDULE A

ITEMIZED RECEIPTS

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

Any information required from such Reports and 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)
Sam Ewing for Congress Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Leshar 3718 Center Way Fairfax, VA 22033-	Leshar & Russell, Inc.	12/27/199	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Lobbyist	Aggregate Year-to-Date ->	\$250.00
B. Full Name, Mailing Address and Zip Code Alexander Loreda 124 Brownstone Court Matthews, NC 28105-	Name of Employer Self employed	Date (month, day, year) 12/20/199	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Sales	Aggregate Year-to-Date ->	\$1000.00
C. Full Name, Mailing Address and Zip Code Stephanie Loreda 124 Brownstone Court Matthews, NC 28105-	Name of Employer Self employed	Date (month, day, year) 12/20/199	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Sales	Aggregate Year-to-Date ->	\$1000.00
D. Full Name, Mailing Address and Zip Code John Lupo 7315 Narrow Wind Way Columbia, MD 21046-	Name of Employer State Farm Insurance	Date (month, day, year) 12/13/199	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Claims Representative	Aggregate Year-to-Date ->	\$1000.00
E. Full Name, Mailing Address and Zip Code Robyn Lupo 7315 Narrow Wind Way Columbia, MD 21046-	Name of Employer Self employed	Date (month, day, year) 12/13/199	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	\$1000.00
F. Full Name, Mailing Address and Zip Code Christine L. Mast 760 Penn Ave. Atlanta, GA 30309-	Name of Employer Self employed	Date (month, day, year) 12/30/199	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	\$1000.00
G. Full Name, mailing Address and Zip Code J. Timothy Mast 760 Penn Ave. Atlanta, GA 30309-	Name of Employer Self employed	Date (month, day, year) 12/30/199	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney	Aggregate Year-to-Date ->	\$1000.00

SUBTOTAL of Receipts This Page (optional)

\$6250.00

TOTAL This Period (last page this line number only)