

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)(i)

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NAME OF COMMITTEE (In Full)

YATES FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Martin E. Segal 115 Columbia Heights Brooklyn, NY 11201	Self-Employed	10/3/96	\$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 1,000.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Calvert H. Seybolt PO Box 297 Mappsville, VA 21407	Self-Employed	10/4/96	500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Conservationist	Aggregate Year-to-Date > \$ 500.	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patrick Hayes 2122 California St. NW Washington, DC 20008		10/7/96	\$ 100.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 300.	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mr. Robert Linowes 1150 17th St. NW Washington, DC 20036	Linowes and Blocher	10/7/96	\$ 1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Counsel	Aggregate Year-to-Date > \$ 2,000.	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elaine Wolfensohn 5305 North Prince Place Jackson, Wyoming 83001		10/7/96	\$ 1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Philanthropist	Aggregate Year-to-Date > \$ 1,000.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bernard Koteen 1150 Conn. Ave. NW Washington, DC 20036	Self-Employed (Koteen and Naftalin)	10/9/96	\$ 1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 2,000.	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas L. Birch 1240 29th St. Washington, DC 20007	Self-Employed	10/10/96	500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 500.	

SUBTOTAL of Receipts This Page (optional) \$ 4,600.

TOTAL This Period (last page this line number only)