

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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**NAME OF COMMITTEE (in Full)**  
Citizens for John Olver for Congress

<p><b>A. Full Name, Mailing Address and Zip Code</b> Deborah Leopold 75 Lindor Heights Holyoke, MA 01040-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Pioneer Dev. Services</p> <p><b>Occupation</b> Program Director</p> <p><b>Aggregate Year-to-Date -&gt;</b> \$250.00</p>	<p><b>Date (month, day, year)</b> 01/12/2000</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Alan Leventhal 35 Wykeham Road West Newton, MA 02165-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Beacon Companies</p> <p><b>Occupation</b> Managing Partner</p> <p><b>Aggregate Year-to-Date -&gt;</b> \$1000.00</p>	<p><b>Date (month, day, year)</b> 03/14/2000</p>	<p><b>Amount of Each Receipt this Period</b> \$1000.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Peter Levine 9 Aylesbury Road Worcester, MA 01609-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Self</p> <p><b>Occupation</b> Physician</p> <p><b>Aggregate Year-to-Date -&gt;</b> \$500.00</p>	<p><b>Date (month, day, year)</b> 02/22/2000</p>	<p><b>Amount of Each Receipt this Period</b> \$500.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Geoffrey Lewis 19 Carlton Road Newton, MA 02168-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Geoffrey H. Lewis, P.C.</p> <p><b>Occupation</b> Attorney</p> <p><b>Aggregate Year-to-Date -&gt;</b> \$500.00</p>	<p><b>Date (month, day, year)</b> 03/22/2000</p>	<p><b>Amount of Each Receipt this Period</b> \$500.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b> Fred Ley 1521 Green River Road Williamstown, MA 01267-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> -</p> <p><b>Occupation</b> Retired</p> <p><b>Aggregate Year-to-Date -&gt;</b> \$500.00</p>	<p><b>Date (month, day, year)</b> 02/02/2000</p>	<p><b>Amount of Each Receipt this Period</b> \$500.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b> Benjamin Liptzin 187 Williamsburg Drive Longmeadow, MA 01106-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Baystate Medical Center</p> <p><b>Occupation</b> Physician</p> <p><b>Aggregate Year-to-Date -&gt;</b> \$250.00</p>	<p><b>Date (month, day, year)</b> 02/22/2000</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b> Thomas Looker 30 Arnold Road Belham, MA 01002-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Amherst College</p> <p><b>Occupation</b> Professor</p> <p><b>Aggregate Year-to-Date -&gt;</b> \$250.00</p>	<p><b>Date (month, day, year)</b> 03/31/2000</p>	<p><b>Amount of Each Receipt this Period</b> \$250.00</p>

**SUBTOTAL** of Receipts This Page (optional)

\$3250.00

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