

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a (1)

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NAME OF COMMITTEE (in Full)

'96 Coyne For Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Soros 263 W. 11th St. New York, NY 10014	Self Employed Occupation: Private Investor Aggregate Year-to-Date > \$ 1000	10/29/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan Spitzer 150 E. Bridge St. Elyria, OH 44035	Spitzer Management Occupation: Owner Aggregate Year-to-Date > \$ 1000	10/29/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Kleshinski 128 Myrtle St. Boston, MA 02114	Merck-Medco Occupation: Vice President Aggregate Year-to-Date > \$ 1000	10/29/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Melissa Schiff Soros 263 W. 11th St New York, NY 10014	None Occupation: Homemaker Aggregate Year-to-Date > \$ 500	10/29/96	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andrea Soros 243 W. 4th St. New York, NY 10014	Trace Foundation Occupation: Co-President Aggregate Year-to-Date > \$ 500	10/29/96	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Pontikos 4074 Hamilton Rd. Medina, OH 44256	Dean Contracting Occupation: Owner Aggregate Year-to-Date > \$ 1000	10/30/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bill Pontikos 193 Countryside Dr. Cleveland, OH 44147	Atlas Central Corp Occupation: Owner Aggregate Year-to-Date > \$ 1000	10/30/96	\$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) ..... \$6,000.00

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