

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
Bob Franks for U.S. Senate, Inc.

<p>A. Full Name, Mailing Address and Zip Code Leo Bogdan 1166 Springfield Avenue New Providence, NJ 07974-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Employed</p> <p>Occupation Auto Mechanic</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 07/13/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>B. Full Name, Mailing Address and Zip Code Harry Boghigian 7 Tudor Place Randolph, NJ 07869-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Roche Labs, Inc</p> <p>Occupation V.P.</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 09/14/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>C. Full Name, Mailing Address and Zip Code Robert Bohannon 6819 Hummingbird Lane E. Paradise Valley, AZ 85253-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer VIAD Corp.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/21/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Robert Bohonyi 773 Lake Dr. Lawrenceville, NJ 08648-4417</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer self</p> <p>Occupation Insurance</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 09/29/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and Zip Code Andrew Boisselle 25 Buckminster Ln Manhasset, NY 11030-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CEB Co. Check cashing</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 09/18/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and Zip Code Michael Boland 700 13th St, NW Suite 350 Washington, DC 20005-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Boland & Madigan</p> <p>Occupation CEO</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 09/28/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>G. Full Name, Mailing Address and Zip Code Marcel Bollag 3 Fair View Drive North Caldwell, NJ 07006-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 08/17/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>

SUBTOTAL of Receipts This Page (optional)	4,400.00
TOTAL This Period (last page this line number only)	