

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Crowley For Congress

A. Full Name, Mailing Address and Zip Code Alan Manocherian 135 Central Park West New York, NY 10023-	Name of Employer Self Employed	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested	Aggregate Year-to-Date -> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
B. Full Name, Mailing Address and Zip Code Donald Manocherian 135 Central Park West New York, NY 10023-	Name of Employer Self Employed	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 500.00
	Occupation Information Requested	Aggregate Year-to-Date -> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
C. Full Name, Mailing Address and Zip Code Jeffrey Manocherian 135 Central Park West New York, NY 10023-2413	Name of Employer None	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 500.00
	Occupation Student	Aggregate Year-to-Date -> 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
D. Full Name, Mailing Address and Zip Code Kevin Martin 63-45 77th Street Middle Village, NY 11379-	Name of Employer Information Requested	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 250.00
	Occupation Information Requested	Aggregate Year-to-Date -> 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
E. Full Name, Mailing Address and Zip Code Joseph Matrone 134-01 20th Avenue Flushing, NY 11356-	Name of Employer Self Employed	Date (month, day, year) 06/27/2000	Amount of Each Receipt this Period 250.00
	Occupation Attorney	Aggregate Year-to-Date -> 250.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
F. Full Name, Mailing Address and Zip Code Patrick McGowan 407 Egret Lane Secaucus, NJ 07094-	Name of Employer Self Employed	Date (month, day, year) 05/09/2000	Amount of Each Receipt this Period 200.00
	Occupation Construction	Aggregate Year-to-Date -> 200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
G. Full Name, Mailing Address and Zip Code Torin McGowan 116 Smithtown Boulevard Nesconset, NY 11767-	Name of Employer Preferred Mechanical	Date (month, day, year) 05/01/2000	Amount of Each Receipt this Period 200.00
	Occupation Steam Fitter	Aggregate Year-to-Date -> 200.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	2,400.00
TOTAL This Period (last page this line number only)	