

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a

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NAME OF COMMITTEE (in Full)
John Rauh For U.S. Senate

92020210527

<p>A. Full Name, Mailing Address and ZIP Code Alan Leventhal 50 Rowes Wharf Boston, MA 02110</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Beacon Companies</p> <p>Occupation Managing Partner</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 08/27/92</p>	<p>Amount of Each Receipt this Period 500</p>
<p>B. Full Name, Mailing Address and ZIP Code Mark S. Leventhal 21 Bonnybrook Road Waban, MA 02168</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer The Beacon Companies</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 08/27/92</p>	<p>Amount of Each Receipt this Period 500</p>
<p>C. Full Name, Mailing Address and ZIP Code Charlton Macveagh, Jr. 90 Hill Street Marlborough, NH 03455</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 2000</p>	<p>Date (month, day, year) 09/08/92</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>D. Full Name, Mailing Address and ZIP Code Theodore E. Macveagh, Jr. 11 Fifth Ave. New York, NY 10003</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year) 09/28/92</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>E. Full Name, Mailing Address and ZIP Code James L. Mahon 507 Tusculum Avenue Cincinnati, OH 45226</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Franciscan Health System</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 225</p>	<p>Date (month, day, year) 09/24/92</p>	<p>Amount of Each Receipt this Period 100</p>
<p>F. Full Name, Mailing Address and ZIP Code Terry Marek 8325 St. Martin's Lane Philadelphia, PA 19118</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 Store Owner</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year) 09/17/92</p>	<p>Amount of Each Receipt this Period 1000</p>
<p>G. Full Name, Mailing Address and ZIP Code James M. Harris, M.D. 2515 Handasyde Ct. Cincinnati, OH 45208</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 09/28/92</p>	<p>Amount of Each Receipt this Period 250</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$4,350.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>