

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (in Full)

Cox for Congress C00240234

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard M. Ragsdale, M.D. 2722 Springcreek Rd. Rockford, IL 61107	Northern Illinois Woman's Center Occupation Executive Director	5-2-90	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rifis, Kucia and Associates 707 South Blvd. Oak Park, IL 60302	Partnership; see attribution below Occupation Law firm	4-21-90	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 890.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jordan Rifis 1171 S. Ridgeland Oak Park, IL 60304	Rifis, Kucia & Assoc. Occupation Attorney	4-21-90	\$ 500.00 MEMO
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 890.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard M. Ring 111 West Washington St. Chicago, IL 60602	Ring & Associates Occupation Attorney	6-29-90	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Kingsley Andersen Shair 2020 Harlem Blvd. Rockford, IL 61103	Ritz, Shair, & Willatte Ltd. Occupation Attorney	6-6-90	\$ 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,025.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Ann Smith 117 Johnson St. Galena, IL 61036	Galena School District Occupation Library aid	6-15-90	\$ 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 270.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adlai E. Stevenson, III 190 S. LaSalle St. 38th Floor Chicago, IL 60603	Mayer, Brown & Platt Occupation Attorney	5-11-90	\$ 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.00		

SUBTOTAL of Receipts This Page (optional)	\$2,350.00
TOTAL This Period (last page this line number only)	

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