

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

DEMOCRATIC PARTY OF ILLINOIS

C00167015

9503904

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KIRBY, JOHN OR PATRICIA P.O. BOX 566 EFFINGHAM IL 62401	NONE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation RETIRED	03/10/95	
	Aggregate Year-to-Date > \$	500.00	500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MAZZOTTI, GORDON JOHN 3016 LINCOLN TRAIL TAYLORVILLE IL 62568	RENN'S		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation PHARMACIST	02/10/95	
	Aggregate Year-to-Date > \$	300.00	100.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MCCLAIN, MICHAEL F. 2424 STERLING AVE. QUINCY IL 62301	AMERKAMP & MCCLAIN		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	01/18/95	
	Aggregate Year-to-Date > \$	350.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period (In-kind: court fees)
SUFFREDIN, LAWRENCE J. 444 NORTH MICHIGAN 25TH FLOOR CHICAGO IL 60611	LAW OFFICES OF LAWRENCE SUFFREDIN		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/27/95	
	Aggregate Year-to-Date > \$	400.00	400.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TAILOR, SANJAY 1524 N. LEAVITT CHICAGO IL 60613	FIRST CHICAGO		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/21/95	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WAGNER, JACK 447 ILLINOIS ROAD WILMETTE IL 60091	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	06/29/95	
	Aggregate Year-to-Date > \$	250.00	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILSON, ROBERT C. P.O. BOX 544 HARRISBURG IL 62946	WILSON & CAPE		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	03/10/95	
	Aggregate Year-to-Date > \$	500.00	500.00

SUBTOTAL of Receipts This Page (optional).....	2,250.00
TOTAL This Period (last page this line number only).....	4,450.00