

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)

Democratic State Central Com of Maryland C00141812

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|--------------------------------|-------------------------|------------------------------------|
| BRENDA BROWN LIPITZ 3206 CAVE ROAD OWINGS MILL MD 21117 | SELF-EMPLOYED | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VOLUNTEER | 11/04/96 | |
| | Aggregate Year-to-Date > \$ | 1,050.00 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| JOHN DRIGGS 5202 CUTHBERT AVE. BALTIMORE MD 21212 | INFORMATION REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | 11/07/96 | |
| | Aggregate Year-to-Date > \$ | 500.00 | 500.00 |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| SAYRA MEYERHOFF 1212 CATHARAL ST BALTIMORE MD 21203 | INFORMATION REQUESTED | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | 11/07/96 | |
| | Aggregate Year-to-Date > \$ | 1,500.00 | 1,500.00 |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MICHAEL T. MARTIN 153 EAST 53RD STREET NEW YORK NY 10043 | SELF | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation INVESTMENTS | 11/19/96 | |
| | Aggregate Year-to-Date > \$ | 500.00 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| IMPACT TELEMARKEETING GROUP 7409 HILLTOP DRIVE FREDERICK MD 21202 | | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | 11/19/96 | |
| | Aggregate Year-to-Date > \$ | 4,562.00 | 4,562.00 |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| CAROLE FISHER 2990 RODGERS AVENUE ELLICOTT CITY MD 21043 | CANDLELIGHT INK | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation BUSINESS MANAGER | 11/19/96 | |
| | Aggregate Year-to-Date > \$ | 1,496.00 | 200.00 |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| MORTON & NORMA FUNGER 1650 TYSONS BLVD., STE. 620 MCLEAN VA 22102 | RULLNOR CORPORATION | | |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation | 11/19/96 | |
| | Aggregate Year-to-Date > \$ | 500.00 | 500.00 |

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|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 8,762.00 |
| TOTAL This Period (last page this line number only)..... | |