

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
McCloskey For Congress Committee, P.O. Box 70, Bloomington, IN 47402 #100188

A. Full Name, Mailing Address and ZIP Code Douglas Followell Box 263 Sullivan, IN 47882	Name of Employer Self-Employed  Occupation Attorney Aggregate Year-to-Date > \$ 468.30	Date (month, day, year) 08-06-94 08-13-94 09-25-94	Amount of Each Receipt this Period 125.00 (In-Kind) 63.30 (In-Kind) 90.00 (In-Kind)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Linco Coffee Service  Occupation Owner Aggregate Year-to-Date > \$ 207.45	Date (month, day, year) 08-13-94	Amount of Each Receipt this Period 62.50 (In-Kind)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Aiken Management  Occupation Executive Aggregate Year-to-Date > \$ 200.00	Date (month, day, year) 09-07-94	Amount of Each Receipt this Period 200.00 (In-Kind)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Civic Service, Inc.  Occupation Executive Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 09-20-94	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Metcor  Occupation Executive Aggregate Year-to-Date > \$1000.00	Date (month, day, year) 09-20-94	Amount of Each Receipt this Period 1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	
<b>TOTAL</b> This Period (last page this line number only) .....	<b>11521.30</b>