

**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)(1)

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**NAME OF COMMITTEE (in Full)**

Democratic Party of Virginia

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Phillip J. Burnette P.O. Box 3951 Martinsville, VA 24112	Vrain Corporation	2/13 /95	\$250.00
	Occupation Company Owner	2/13 /95	\$125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$375.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry E. Byrne 6442 Queen Anne Terrace Fall Church, VA 22044	UIS Aid	2/13 /95	\$250.00
	Occupation Associated Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary-Margaret P. Cash 201 Colonial Court Lynchburg, VA 24503	Unemployed	1/30 /95	\$250.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gilliam M. Cobbs 3220 Elk Street Lynchburg, VA 24503	N/A	1/30 /95	\$250.00
	Occupation Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lisa D. Collis 505 South Lee Street Alexandria, VA 22314	Unemployed	3/1 /95	\$1000.00
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. N. Thomas Connally 3563 N. Abingdon Street Arlington, VA 22207	Condrell, O'Donough and Connally	2/14 /95	\$250.00
	Occupation Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clara J. Crouch P.O. Box 18251 Roanoke, VA 24014	N/A	2/13 /95	\$250.00
	Occupation Housewife		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

**SUBTOTAL** of Receipts This Page (optional) ..... \$2625.00

**TOTAL** This Period (last page this line number only) .....