

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in full) **BOWEN FOR CONGRESS**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NICKI HOWARD 9010 FALLS RD POTOMAC, MD 20854	Homemaker	10-12	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > 6	1,000
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IFTEKHAR HUSAIN 4304 COBBLESTONE Copley, OH 44321	Self	10-8	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	500
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAVEED IQBAL 267 MOUNTAIN RD PLEASANTVILLE, NY 10570	SELF	10-1	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	300
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
TERESA JASZCZAK 18 FORSYTH LN GROSSE PT. MI 48234	METRO MEDICAL PRACTICE	10-17	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation M.D.	Aggregate Year-to-Date > \$	325
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BEATRICE JORDAN 724 COUNTRY CLUB ST. CLAIR SHORES, MI 48082	Retired	10-10	200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	605
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PETER KAKOYIANNIS 1413 SILO RD YARDLEY, PA 19067	SOLOVAY EDWIN EISMAN	10-11	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ANY	Aggregate Year-to-Date > \$	250
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THEODORE KAKOYIANNIS 7423 RIDGE BLVD BROOKLYN NY 11209	CANNOT DETERMINE DESPITE	10-11	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BEST EFFORT	Aggregate Year-to-Date > \$	250

SUBTOTAL of Receipts This Page (optional) ..... 2,700.00

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