

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full) **LoBiondo for Congress**

A. Full Name, Mailing Address and ZIP Code Paul E. Gillette 73 Lakeshore Drive Hammonden, NJ 08037		Name of Employer Self - Atlantic Blueberry Co.	Date (month, day, year) Oct 28, 1998	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Farming	Aggregate Year-to-Date \$ 250.00	
B. Full Name, Mailing Address and ZIP Code Stephen J. Rodgers, M.D., J.D. Box 54 Alloway, NJ 08001-0054		Name of Employer Self	Date (month, day, year) Oct 28, 1998	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Medico-Legal Consultant	Aggregate Year-to-Date \$ 300.00	
C. Full Name, Mailing Address and ZIP Code Benjamin T. Griffith 3 Angel Hill Court Turnersville, NJ 08012		Name of Employer Requested	Date (month, day, year) Oct 29, 1998	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date \$ 250.00	
D. Full Name, Mailing Address and ZIP Code Carolyn A. MacElrevey 8801 Atlantic Ave Wildwood Crest, NJ 08260		Name of Employer Self	Date (month, day, year) Oct 30, 1998	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner Granada Motel	Aggregate Year-to-Date \$ 250.00	
E. Full Name, Mailing Address and ZIP Code Keith S. Campbell 270 Woodstown Road Salem, NJ 08079		Name of Employer Mannington Mills, Inc.	Date (month, day, year) Nov 2, 1998	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Chairman of the Board	Aggregate Year-to-Date \$ 1,000.00	
F. Full Name, Mailing Address and ZIP Code Shirley B. Campbell 270 Woodstown Road Salem, NJ 08079		Name of Employer N/A	Date (month, day, year) Nov 2, 1998	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Housewife	Aggregate Year-to-Date \$ 1,000.00	
G. Full Name, Mailing Address and ZIP Code Roberto R. Diaz, M.D. #4 By Pass Road, Suite 203 Salem, NJ 08079-2053		Name of Employer Self	Date (month, day, year) Nov 2, 1998	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Physician	Aggregate Year-to-Date \$ 250.00	

SUBTOTAL of Receipts This Page (optional) \$3,100.00

TOTAL This Period (last page this line number only)