

# SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full): WELD FOR SENATE, INC. FEC ID# C00309583

A. Full Name, Mailing Address and ZIP Code Ms. Ceoria M. Coates 186 Fayerweather Street Cambridge MA 02138	Name of Employer Best Efforts	Date: 07-05-96	Amount of Each: 100.00
	Occupation Best Efforts		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 300.00		
B. Full Name, Mailing Address and ZIP Code Mr. John T. Collins 10 Rowes Wharf Boston MA 02110	Name of Employer Collins Group, Inc.	Date: 05-29-96	Amount of Each: 1000.00 MEMO
	Occupation CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 2000.00		See July Report
C. Full Name, Mailing Address and ZIP Code Mr. John T. Collins 10 Rowes Wharf Boston MA 02110	Name of Employer Collins Group, Inc.	Date: 07-15-96	Amount of Each: -1000.00 MEMO
	Occupation CEO		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 2000.00		See Redesignation
D. Full Name, Mailing Address and ZIP Code Mr. John T. Collins 10 Rowes Wharf Boston MA 02110	Name of Employer Collins Group, Inc.	Date: 07-15-96	Amount of Each: 1000.00 MEMO
	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 2000.00		Redesignation
E. Full Name, Mailing Address and ZIP Code Mr. Steven A. Collins P.O. Box 442 New Boston NH 03070	Name of Employer Currier Capital	Date: 07-29-96	Amount of Each: -1000.00
	Occupation Finance		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > .00		Negative Deposit
F. Full Name, Mailing Address and ZIP Code Mr. Steven A. Collins P.O. Box 442 New Boston NH 03070	Name of Employer Currier Capital	Date: 07-29-96	Amount of Each: -1000.00
	Occupation Finance		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > .00		Negative Deposit
G. Full Name, Mailing Address and ZIP Code Mr. Sam Collins 3511 Linwood Avenue Cincinnati OH 45226	Name of Employer Self	Date: 07-09-96	Amount of Each: 250.00
	Occupation Business Owner		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 250.00		
SUBTOTAL of Receipts This Page (optional) .....			> \$-1650.00
TOTAL This Period (last page this line number only) .....			>

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