

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals

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NAME OF COMMITTEE (in full)

Crawford For Congress Committee C00288407

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael D Barnes 3948 Baltimore St. Kensington MD 20895 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Hogan & Hartson Occupation Attorney Aggregate Year-to-Date > \$400.00	10/15/96	\$200.00
B. Full Name, Mailing Address and ZIP Code Jean Blake P O Box 85 Myersville MD 21773 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$570.00	10/09/96	\$200.00
C. Full Name, Mailing Address and ZIP Code Stephen M Block 10719 Gloxinia Dr Rockville MD 20852 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Univ. of MD Occupation Professor Aggregate Year-to-Date > \$700.00	10/08/96	\$200.00
D. Full Name, Mailing Address and ZIP Code Alvin Blum Baltimore MD 21209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$1,000.00	10/15/96	\$1000.00
E. Full Name, Mailing Address and ZIP Code Leonor Blum 2907 W Strathmore Ave Baltimore MD 21209 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$1,000.00	10/10/96	\$1000.00
F. Full Name, Mailing Address and ZIP Code Elizabeth Bobo 5561 Suffield Ct Columbia MD 21044 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer State of Maryland Occupation Delegate Aggregate Year-to-Date > \$750.00	10/05/96	\$500.00
G. Full Name, Mailing Address and ZIP Code W. Kennedy Boone 1 W Washington St Hagerstown MD 21740 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$600.00	10/11/96	\$100.00

SUBTOTAL of Receipts This Page (optional)	\$3,200.00
TOTAL This Period (Last page this line number only)	