

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)

FALLONE FOR CONGRESS (C00226928)

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Walter M. Criag, Jr. 201 Newark Ave. Spring Lake, NJ 07762	Mazzanine Financial Fund	11-7-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres. Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Huber 215 McLees Rd. Locust, NJ 07760	Berger Financial Group	11-7-00	400.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Financial Planner Aggregate Year-to-Date > \$ 400.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kalpalatha Guntupalli 4140 Oberlin Dr. Houston, TX 77005	Baylor College of Medicine - Ben Taul Hospital	11-7-00	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		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn Berry Thompson 236 Westwood Rd. Annapolis, MD 21401	Jordan Burt Berenson & Johnson	11-7-00	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lobbyist Aggregate Year-to-Date > \$ 1,250.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn Berry Thompson 236 Westwood Rd. Annapolis, MD 21401	Jordan Burt Berenson & Johnson	11-7-00	750.00
Receipt For: <input checked="" type="checkbox"/> Primary 02 <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Lobbyist Aggregate Year-to-Date > \$ 2,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Rajshekhar Parikh 305 N. Woodland St. Englewood, NJ 07631	Renaissance Corp.	11-7-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Owner Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2,650.00

TOTAL This Period (last page this line number only)