

FEDERAL ACCOUNT

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in Full) NEW YORK REPUBLICAN COUNTY COMMITTEE

A. Full Name, Mailing Address and ZIP Code William F. Reilly 745 Fifth Ave @ 3FL NY, NY - 10151 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Primedia Occupation Executive Aggregate Year-to-Date-\$	Date (month, day, year) 2/8	Amount of Each Receipt This Period 5,000
B. Full Name, Mailing Address and ZIP Code Willie James 80 West End Ave NY 10023 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Transport Workers Union Local 100 Occupation Director Aggregate Year-to-Date-\$	Date (month, day, year) 2/8	Amount of Each Receipt This Period 1,000
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date-\$	Date (month, day, year)	Amount of Each Receipt This Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date-\$	Date (month, day, year)	Amount of Each Receipt This Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date-\$	Date (month, day, year)	Amount of Each Receipt This Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date-\$	Date (month, day, year)	Amount of Each Receipt This Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date-\$	Date (month, day, year)	Amount of Each Receipt This Period
SUBTOTAL of Receipts This Page (optional)			6,000
TOTAL This Period (last page this line number only)			181,144.03