

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11A1

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**NAME OF COMMITTEE (in Full)
CUMMINGS FOR CONGRESS CAMPAIGN COMMITTEE**

Full Name, Mailing Address, and ZIP Code Raymond Nichols 1158 Woodlyn Rd Annapolis MD 21401	Name of Employer Owner Occupation BBC America	Date (month, day, year) 11/18/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Andrew Shaw 3149 Fox Valley Dr. West Friendship MD 21784	Name of Employer Enterprise Information Solutions Occupation Executive	Date (month, day, year) 11/18/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code David Simon 17 Huntersworth Ct Owings Mills MD 21117	Name of Employer Baltimore Scrap Corp Occupation President	Date (month, day, year) 11/18/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
Full Name, Mailing Address, and ZIP Code Larry Smith 8812 Gunmore Circle Pikesville MD 21208	Name of Employer Council for Economic & Bus Opportunit Occupation Executive	Date (month, day, year) 11/18/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code James Stewart P. O. Box 1913 Ellicott City MD 21041	Name of Employer Marketing Resources Occupation Researcher	Date (month, day, year) 11/18/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code DAVID STOFFREGEN 4530 HOLLINS FERRY RD BALTIMORE MA 21227	Name of Employer THE POOLE & KENT CO. Occupation PRESIDENT	Date (month, day, year) 11/18/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 750.00		
Full Name, Mailing Address, and ZIP Code Dr. BETSY ZABOROWSKI 1308 E. 38TH STREER BALTIMORE MD 21228	Name of Employer NATIONAL FEDERATION OF THE BLIND Occupation PSYCHOLOGIST	Date (month, day, year) 11/18/1999	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000.00		

SUBTOTALS of Receipts This Page (Optional)