

**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)**  
 <this filer> **Tablach For Congress**

<b>Full Name, Mailing Address, and ZIP Code</b> JAMES E. LANG 4790 MARKET STREET YOUNGSTOWN OH 44512-1525	<b>Name of Employer</b> INSURANCE BUYERS SULE  <b>Occupation</b> INSURANCE AGENT	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN C. MAHANEY, Jr. 50 W. BROAD STREET, RM # 2020 COLUMBUS OH 43215	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> ELAINE RUDICK 6858 BRISTLEWOOD DRIVE BOARDMAN OH 44512	<b>Name of Employer</b> N/A  <b>Occupation</b> HOUSEWIFE	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> KAREN SILVERS 244 COLONIAL DRIVE YOUNGSTOWN OH 44406	<b>Name of Employer</b> N/A  <b>Occupation</b> HOMEMAKER	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> EDWARD A. SOWINSKI, Jr. 6838 APPLERIDGE DR. BOARDMAN OH 44512	<b>Name of Employer</b> ATTY. ED SOWINSKI  <b>Occupation</b> ATTORNEY	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> JOHN STOREY 5051 GREENBRIAR DR. GIRARD OH 44420	<b>Name of Employer</b> REQUESTED INFORMATION  <b>Occupation</b>	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTIONS
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. NED A. UNDERWOOD 2700 HOWLAND-WILSON RD. WARREN OH 44464-4117	<b>Name of Employer</b> SELF-EMPLOYED  <b>Occupation</b> DOCTOR	<b>Date (month, day, year)</b> 11/12/1999	<b>Amount of Each Receipt this Period</b> 250.00 CONTRIBUTION
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....