

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
DEMOCRATIC STATE CENTRAL COMMITTEE OF MARYLAND

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Wagner 1700 Oak Ridge Road Coppertown, MD 21770	Inter. Comm. Library	1/16/94	7500 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Librarian</u> Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thelma Wright 8100 Gulf Point Dr Bowie, Md 21286	Library of Congress	1/21/94	7000 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Library Manager</u> Aggregate Year-to-Date > \$ 700		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Brown 3015 Parkside Rd Kensington, Md 20745	Magnum Station	2/4/94	1000 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Librarian</u> Aggregate Year-to-Date > \$ 1000		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sharon Sprung 10720 Columbia Dr. Silver Spring, Md 20901	Mexico Case	2/18/94	1000 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>President</u> Aggregate Year-to-Date > \$ 1000		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Don Mackintosh 422 Garrison Road Rd Owings Mill, Md 21117	PEP, Inc	7/26/94	500 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Physician</u> Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Voss 212344N Baltimore, Md 21286	Richard	2/27/94	900 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aggregate Year-to-Date > \$ 900		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David [unclear] 33724 Kumbia Rd Poolesville, Md 21770	Magnum of Community	3/26/94	200 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: <u>Part. [unclear]</u> Aggregate Year-to-Date > \$ 200		

SUBTOTAL of Receipts This Page (optional)	4050 ⁰⁰
TOTAL This Period (last page this line number only)	