

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER (181)

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NAME OF COMMITTEE (in Full)

MORANSEY FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BURT UNDER 3069 PONTER ST. NW WASHINGTON, DC 20008	SELF	5/25/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SAM DELLA PERA 540 COLEMAN PLACE WESTFIELD, NJ 07090	GIBBONS DECORO	5/28/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
PAULOMBA MORANSEY 19 MEAKER DRIVE EDISON, NJ 08837	RETIRED	6/3/00	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: — Aggregate Year-to-Date > \$1,000.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
DANIEL NOWELL 38 MERRIDEN DR SPARTA, NJ 07871	NOWELL AMOROSO	5/30/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: ATTORNEY Aggregate Year-to-Date > \$1,000.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
STEVEN SKAPPA 5 MONROUSE PLACE NEW PROVIDENCE, NJ	PAINE WEBBER	5/31/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: U.P. INSTITUTIONAL SALES Aggregate Year-to-Date > \$400.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
SHANNON RUSSELL 4277 S. 35TH ST. APT B-1 ARLINGTON, VA 22206-1833	ASTRAND OIL	5/30/00	\$200.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: GOV'T RELATIONS Aggregate Year-to-Date > \$200.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
BRYAN MILLER 4807 SOUTH 7TH ROAD ARLINGTON, VA 22204	AMEA	5/30/00	\$250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: GOV'T RELATIONS Aggregate Year-to-Date > \$250.00		

SUBTOTAL of Receipts This Page (optional)

\$2,650.00

TOTAL This Period (last page this line number only)

\$