

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	32	37
FOR LINE NUMBER		11A

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NAME OF COMMITTEE (in Full)
 Bob Edgar for U.S. Senate Committee

A. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Grant D. Abert 2029 N. Dousman Milwaukee, WI 53212		West Bank Cafe, Inc.	10/03/86	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation restauranteur	Aggregate Year-to-Date > \$ 500	
B. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth Frawley Bagley 1539 29th St., NW Washington, DC 20007		information requested	10/03/86	1000
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 1000	
C. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anne Bartley 317 9th St., SE Washington, DC 20003		information requested	10/03/86	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 500	
D. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerome C. Berlin 5425 SW 92nd St. Miami, FL 33156		information requested	10/02/86	350
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation attorney	Aggregate Year-to-Date > \$ 350	
E. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harry Bernstein P.O. Box 15607 New Orleans, LA 70175		information requested	10/02/86	250
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert S. Brainerd 98 Fenno St. Wollaston, MA 02170		information requested	10/03/86	400
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation retired	Aggregate Year-to-Date > \$ 400	
G. Full Name, Mailing Address and ZIP Code		Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Saul Z. Cohen 350 Fifth Ave., Suite 3410 New York, New York 10118		information requested	10/03/86	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation	Aggregate Year-to-Date > \$ 700	

SUBTOTAL of Receipts This Page (optional)	\$3,500.00
TOTAL This Period (last page this line number only)	