

SCHEDULE A

ITEMIZED RECEIPTS

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

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FDR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)

YATES FOR CONGRESS COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Soffer 19500 Turnberry Way, 10-C Aventura, Fla. 33180	Self-Employed	11/4/96	\$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Investor 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
Jerome F. Naftol 224-24 76th Rd. Bayside, NY 11364		11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1,000.		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Janet Naftol 224-24 76th rd. Bayside, NY 11364		11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Homemaker Aggregate Year-to-Date > \$ 1,000.		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ruta Sherr 440 West End Avenue New York, NY 10024	Self-Employed	11/4/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Psychotherapist Aggregate Year-to-Date > \$ 1,000.		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mrs. Spencer R. Keare 1270 Linden Avenue Highland Park, IL 60035		11/6/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Retired Aggregate Year-to-Date > \$ 1,000.		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christine G. Stevens 1686 34th St. NW Washington, DC 20007		11/6/96	\$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Philanthropist Aggregate Year-to-Date > \$ 1,500.		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy Livingston 60 Eucalyptus Knoll Mill Valley, CA 94941	Self-Employed	11/8/96	1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Advertising Copywriter Aggregate Year-to-Date > \$ 1,000.		

SUBTOTAL of Receipts This Page (optional)

\$ 6,000.

TOTAL This Period (last page this line number only)

\$ 16,600.