

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (If Full)
Massachusetts Congressional Victory Fund

FEC ID No. **C00282319**

| | | | |
|---|-------------------------------------|---|---|
| A. Full Name, Mailing Address and ZIP Code Mrs. Howard K. Booth 7 Paul Revere Road Worcester, MA 01609 | Name of Employer Retired | Date (month, day, year) 7/22/97 | Amount of Each Receipt this Period 500.00 |
| | Occupation | | |
| | Aggregate Year-To-Date \$ | 500.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code Stephanie D. Myers 51 East Concord Street Boston, MA 02118 | Name of Employer Raytheon | Date (month, day, year) 7/15/97 | Amount of Each Receipt this Period 250.00 |
| | Occupation | | |
| | Aggregate Year-To-Date \$ | 250.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| C. Full Name, Mailing Address and ZIP Code Charles de Ganahl 85 Wapoo Trail Chatham, MA 02633 | Name of Employer Retired | Date (month, day, year) 8/6/97 | Amount of Each Receipt this Period 300.00 |
| | Occupation | | |
| | Aggregate Year-To-Date \$ | 300.00 | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| | Aggregate Year-To-Date \$ | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| | Aggregate Year-To-Date \$ | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| | Aggregate Year-To-Date \$ | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | | |
| | Aggregate Year-To-Date \$ | | |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1050.00 |
| TOTAL This Period (last page this line number only) | 1050.00 |