

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 (a) (1)

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NAME OF COMMITTEE (to file)
 COYNE FOR CONGRESS COMMITTEE

A. FULL NAME, MAILING ADDRESS AND ZIP CODE	NAME OF DONOR	DATE (MONTH, DAY, YEAR)	AMOUNT OF EACH RECEIPT THIS PERIOD
James H. Davidson 1101 Pennsylvania Ave. NW #81 Washington, DC 20004	Davidson & Company	9/24/97	500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist Aggregate Year-to-Date \$ 500.00		
H. FULL NAME, MAILING ADDRESS AND ZIP CODE Harry E. Thomas 242 Deerfield Road Methen, PA 19066	NAME OF DONOR Karr-Birth Associates Investment	DATE (MONTH, DAY, YEAR) 10/2/97	AMOUNT OF EACH RECEIPT THIS PERIOD 400.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant Aggregate Year-to-Date \$ 400.00		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Alan W. Wolff 20 Brindle Court Pulmonc, MD 20854-3887	NAME OF DONOR Dewey Ballantine	DATE (MONTH, DAY, YEAR) 11/26/97	AMOUNT OF EACH RECEIPT THIS PERIOD 500.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner Aggregate Year-to-Date \$ 500.00		
I. FULL NAME, MAILING ADDRESS AND ZIP CODE Lazar M. Palmick 1216 Highbury Street Pittsburgh, PA 15206	NAME OF DONOR Univ. of Pgs. Medical Center	DATE (MONTH, DAY, YEAR) 12/09/97	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date \$ 1,000.00		
J. FULL NAME, MAILING ADDRESS AND ZIP CODE J. Mabon Childs 3433 Alhambra Avenue Pittsburgh, PA 15217	NAME OF DONOR Parker-Dunier	DATE (MONTH, DAY, YEAR) 12/09/97	AMOUNT OF EACH RECEIPT THIS PERIOD 200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Consultant Aggregate Year-to-Date \$ 200.00		
K. FULL NAME, MAILING ADDRESS AND ZIP CODE James W. Brabain 606 Poplar Court Pittsburgh, PA 15238	NAME OF DONOR Parker-Hunter	DATE (MONTH, DAY, YEAR) 12/09/97	AMOUNT OF EACH RECEIPT THIS PERIOD 200.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Investment Consultant Aggregate Year-to-Date \$ 200.00		
L. FULL NAME, MAILING ADDRESS AND ZIP CODE David Hurstin 1150 Six PPG Place Pittsburgh, PA 15222	NAME OF DONOR Hend. Hurstin & Runette Insurance	DATE (MONTH, DAY, YEAR) 12/9/97	AMOUNT OF EACH RECEIPT THIS PERIOD 1,000.00
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant Aggregate Year-to-Date \$ 1,000.00		
SUBTOTAL of Receipts See Page 2 of Form			
TOTAL (See Form 2 of page 11 of the instructions)			