

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A1

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NAME OF COMMITTEE (In Full)

Jerry Solomon for Congress Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ann & Maren Reilly PO Box 2013 Hyde Park NY 12538	Secretary Postco	10/1/96	\$600.00 \$600.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 600.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Brown Elliott 4116 Garrison St. NW Washington DC 20016	Dept of Justice Wash DC	10/15/96	250-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Liaison	Aggregate Year-to-Date > \$ 250-	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Helita Jones E 3875 07 44th St. #300 Phenix Aa 15018	The Helita Co. Phenix Aa 15018	10/5/96	200-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation C.H. Ins. Broker	Aggregate Year-to-Date > \$ 200-	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Anthony Pennello 85 Rte 146 Custon Park Ny 12065	Annella Casman Custon Park Custon Park Ny	10/1/96	250-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250-	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Donahue 91 Algonquin Rd Custon Park Ny 12065	NYS Dept of Labor Albany Ny	10/1/96	200-
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Staff	Aggregate Year-to-Date > \$ 200-	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kari Ann Landry 3004 Reg Barn Ln. Bensalem Pa 19020-4657	Self	10/9/96	500
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Garage owner	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
George J. Murphy 1306 Sande Wing Lp. Brickyard At Richmond CA 94701	Cransons Gps At Richmond Ca.	10/9/96	300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)

2560.00

TOTAL This Period (last page this line number only)