

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

Barney Frank for Congress Committee

90013951929

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Langer 280 Commonwealth Ave Boston, MA 02116 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Consultant Aggregate Year-to-Date > \$250	3/8/90	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Philip LeCompte 125 Jackson St. Newton Centre, MA 02159 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Physician Aggregate Year-to-Date > \$250	3/8/90	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Alan M. Leventhal 50 Rowes Wharf Boston, MA 02110 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Developer Aggregate Year-to-Date > \$500	2/1/90	500.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Lemberg 90 Forest Avenue W. Newton, MA 02165 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Attorney Aggregate Year-to-Date > \$250	3/8/90	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hyman M. Lockwood 15 Albion St Newton Centre, MA 02159 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Retired Occupation Aggregate Year-to-Date > \$250	3/8/90	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Vincent P. McCarthy 106 Lake Street Boston, MA 02185 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Self Occupation Attorney Aggregate Year-to-Date > \$250	3/8/90	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Morningstar 19 Exeter Street W. Newton, MA 02165 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Data Packaging Occupation Executive Aggregate Year-to-Date > \$1,000	1/26/90	1,000.00

SUBTOTAL of Receipts This Page (optional) .....	2,750.00
TOTAL This Period (last page this line number only) .....	