

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

LOIS BENSON FOR CONGRESS COMMITTEE C#293845

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
G. K. Edwards P.O. Box 18027 PENSACOLA, FL 32523	TEX EDWARDS CO	8/15/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager	Aggregate Year-to-Date > \$ 250 ⁰⁰	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Uirzi 8889 Corporate Square Court Jacksonville, FL 32216	Dak Center	8/16/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250 ⁰⁰	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Victor E. Vaile 2024 Kirkland Rd Auburndale, FL 33823	self-employed	8/16/94	250 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation physician	Aggregate Year-to-Date > \$ 250 ⁰⁰	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period:
Allan Bense 1526 Country Club Rd Lynn Haven, FL 32444	self-employed	8/16/94	2000 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation contractor	8/16/94	(1000 ⁰⁰) memo Redesignation see below
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Same as above		8/16/94	(1000 ⁰⁰) memo Redesignation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000 ⁰⁰	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tonie Bense 1526 Country Club Rd Lynn Haven, FL 32444	Housewife	8/16/94	2000 ⁰⁰
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	8/16/94	(1000 ⁰⁰) memo Redesignation see below
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Same as above	Housewife	8/16/94	1000 ⁰⁰ memo Redesignation
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 2000 ⁰⁰	

SUBTOTAL of Receipts This Page (optional)

4750⁰⁰

TOTAL This Period (last page this line number only)

FORM 1000-10-93