

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

Name of Committee (in full): FRIENDS OF RAY LAHOOD

A. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
ALFRED N. ROSSI PO BOX 267 HOPEDALE, IL 61747	SELF Occupation PHYSICIAN	12/30/97	200.00

Receipt for: Primary General
 Other (specify): | Aggr YTD >\$ 450.00

B. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MATTHEW B. ROSSI PO BOX 267 HOPEDALE, IL 61747	SELF Occupation PHYSICIAN	08/25/97	250.00

Receipt for: Primary General
 Other (specify): | Aggr YTD >\$ 250.00

C. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
SAMUEL ROTHBERG 5200 N KNOXVILLE AV 306SOUTH PEORIA, IL 61614	Occupation RETIRED	12/05/97	500.00

Receipt for: Primary General
 Other (specify): | Aggr YTD >\$ 500.00

D. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
NEAL W. RUDY 10461 N FOREST TR PEORIA, IL 61615	ASSOC ANESTHESIOLOG Occupation PHYSICIAN	07/22/97	250.00

Receipt for: Primary General
 Other (specify): | Aggr YTD >\$ 250.00

E. Full Name, Address and ZIP Code	Name of Employer	Date	Amount
DONALD RUMSFELD 400 N MICHIGAN #405 CHICAGO, IL 60611	SELF Occupation CONSULTANT	12/05/97	500.00

Receipt for: Primary General
 Other (specify): | Aggr YTD >\$ 500.00

Subtotal of Receipts This Page (optional).....\$ 1,700.00
Total This Period (last page this line number only).....\$