SCHEDULE A **ITEMIZED RECEIPTS**

INDIVIDUALS/PERSONS OTHER THAN POLITICAL COMMITTEES

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

FOR LINE NUMBER 11 (a) (i)

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)

PASCRELL FOR CONGRESS, INC.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Steven Alexander, M.D. 11 Monhegan Ave. Wayne, N.J. 07470 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Care Advantage, Inc. Occupation: Medical Doctor Aggregate Year-to-Date > $ 500.	11/2/99	$ 500.
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Schermer 103 Godwin Ave. Midland Park, N.J. 07432 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Strategic Innovation Mgmt. Occupation: Consultant Aggregate Year-to-Date > $ 500.	11/2/99	250.
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard Fadil, M.D. 975 Clifton Ave. Clifton, N.J. 07013-2722 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Urology Center P.A. Occupation: Medical Doctor Aggregate Year-to-Date > $ 250.	11/2/99	250.
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ramesh C. Tandon 477 Stuyvesant Ave. Lyndhurst, N.J. 07071 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Self Occupation: Medical Doctor Aggregate Year-to-Date > $ 250.	11/5/99	250.
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jeffrey Moll 3 Apache Way Montville, N.J. 07045 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Beth Israel Hospital Occupation: Chief Executive Officer Aggregate Year-to-Date > $ 250.	11/5/99	250.
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Salvatore Imbornone, Jr. 29 Columbia Turnpike Suite 101 Florham Park, N.J. 07932 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Self Occupation: Attorney Aggregate Year-to-Date > $ 500.	11/8/99	500.
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Caroline L. Burke 10 Ford Lane Roseland, N.J. 07068 Receipt For: [x] Primary [ ] General [ ] Other (specify):	Homemaker Occupation: Aggregate Year-to-Date > $ 450.	11/8/99	200.

SUBTOTAL of Receipts This Page (optional) ..... $ 2,200.

TOTAL This Period (last page this line number only) .....

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