

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 8
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

NASCAT PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Goodkind, Labaton, Rudoff & Sucharow 100 Park Avenue New York, NY 10017	Partnership	3/25/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward Labaton 100 Park Avenue New York, NY 10017	Goodkind, Labaton, Rudoff & Sucharow	3/25/99	500.00 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner		Partnership Allocation
	Aggregate Year-to-Date > \$ 500.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence Sucharow 100 Park Avenue New York, NY 10017	Goodkind, Labaton, Rudoff & Sucharow	3/25/99	500.00 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner		Partnership Allocation
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Greenberg, Peden, Siegmyer & Oshman 12 Greenway Plaza, 10th Floor Houston, TX 77046		2/2/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Harwitz & Sagarin P.O. Box 112 Milford, CT 06460		4/29/99	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kaplan, Kilsheimer & Fox 685 Third Avenue, 26th Floor New York, NY 10017	Partnership	4/28/99	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert N. Kaplan 685 Third Avenue, 26th Floor New York, NY 10017	Kaplan, Kilsheimer & Fox	4/28/99	333.34 Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner		Partnership Allocation
	Aggregate Year-to-Date > \$ 333.34		

SUBTOTAL of Receipts This Page (optional) **3,000.00**

TOTAL This Period (last page this line number only)