

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (In Full)

New York Salute 1998

98020033057

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Henry M. Sloma 4366 Autumn Lane Lewiston, N.Y. 14092	Fairchild Holding Co.	12/5/97	\$10,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation health care admin.	Aggregate Year-to-Date > \$ 10,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nova Casualty Company 180 Oak Street Buffalo, N.Y. 14203	Allocate To Norman F. Ernst	12/5/97	\$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	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norman F. Ernst 21 Greenwood Drive Orchard Park, N.Y.	Nova Casualty Company	12/5/97	Listed Above
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation chairman	1000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen M. Hawley & Associates 206 East Main Street Batavia, N.Y. 14020	Allocate To Stephen M. Hawley	12/5/97	\$250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen M. Hawley P.O. Box 1733 Batavia, N.Y. 14021	The Insurance Center	12/5/97	Listed Above
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation owner	250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kavinoky & Cook LLP 120 Delaware Avenue Buffalo, N.Y. 14202	Allocate To Samuel L. Shapiro	12/5/97	\$5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 5,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel L. Shapiro 120 Delaware Avenue Buffalo, N.Y. 14202	Kavinoky & Cook LLP	12/5/97	Listed Above
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation attorney	5000.00	
	Aggregate Year-to-Date > \$ 5,000.00		

SUBTOTAL of Receipts This Page (optional) ..... 16,250.00

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