

SCHEDULE A

ITEMIZED RECEIPTS

Use separate check box for each category of the Detailed Summary Page

PAGE 11 OF 14

FOR LINE NUMBER 11(a)(1)

Contributions from Individuals

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) **Pat Toomey for Congress** C00326991

<p>A. Full Name, Mailing Address and ZIP Code Mr. Zinzchenko, David 25 S West Allentown PA 18104</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Rodale Publications</p> <p>Occupation Editor</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/18/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Mr. Soler, John 2363 Woodland Drive Allentown PA 18103</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Draft Service Inc.</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$2,000.00</p>	<p>Date (month, day, year) 6/22/98</p>	<p>Amount of Each Receipt this Period \$2,000.00</p> <p><i>Memo: Reattribution sought</i></p>
<p>C. Full Name, Mailing Address and ZIP Code Mr. Newhart, Elvin 420 Allentown Drive Allentown PA 18103</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Newhart Foods</p> <p>Occupation Executive</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/29/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Mr. Lovett, John 2830 Liberty St Allentown PA 18104</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer <i>Information Requested.</i></p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/30/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Mr. Lubsen, Henry 824 Eighth Ave. Bethlehem PA 18018</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer Altronics</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$1,000.00</p>	<p>Date (month, day, year) 6/30/98</p>	<p>Amount of Each Receipt this Period \$1,000.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Mr. McElwee, Gary 129 High Street Hellertown PA 18055</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$651.00</p>	<p>Date (month, day, year) 4/21/98</p>	<p>Amount of Each Receipt this Period \$20.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Mr. McElwee, Gary 129 High Street Hellertown PA 18055</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify):</p>	<p>Name of Employer N/A</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$651.00</p>	<p>Date (month, day, year) 5/3/98</p>	<p>Amount of Each Receipt this Period \$100.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>\$6,120.00</p>
<p>TOTAL This Period (last page this line number only)</p>	<p></p>