

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

NASCAT PAC

A. Full Name, Mailing Address and ZIP Code Chimicles & Tikellis One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 10/20/98	Amount of Each Receipt This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Nicholas Chimicles One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 325.00	Date (month, day, year) 10/20/98	Amount of Each Receipt This Period 200.00 Memo Partnership Allocation
C. Full Name, Mailing Address and ZIP Code Pamela Tikellis One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 325.00	Date (month, day, year) 10/20/98	Amount of Each Receipt This Period 200.00 Memo Partnership Allocation
D. Full Name, Mailing Address and ZIP Code James Malone, Jr. One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 325.00	Date (month, day, year) 10/20/98	Amount of Each Receipt This Period 200.00 Memo Partnership Allocation
E. Full Name, Mailing Address and ZIP Code James Strum One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 325.00	Date (month, day, year) 10/20/98	Amount of Each Receipt This Period 200.00 Memo Partnership Allocation
F. Full Name, Mailing Address and ZIP Code Michael Gottsch One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 325.00	Date (month, day, year) 10/20/98	Amount of Each Receipt This Period 200.00 Memo Partnership Allocation
G. Full Name, Mailing Address and ZIP Code Wolf, Haldenstein, Adler, Freeman & Herz 270 Madison Avenue New York NY 10016 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 10/26/98	Amount of Each Receipt This Period 1,000.00
SUBTOTAL of Receipts This Page (optional)			2,000.00
TOTAL This Period (last page this line number only)			