

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11 a (i)

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NAME OF COMMITTEE (in Full)  
**PALLONE FOR CONGRESS (C00226928)**

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary Tassini 815 Rathjen Rd. Brielle, NJ 08730	Cablevision Systems	9-6-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Mkt. Director		
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chandrakala Manchikanti 2075 Natchez Lane Paducah, KY 42001	KSA Enterprises	9-8-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Businesswoman		
	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
David Portman 300 Ocean Ave. Long Branch, NJ 07740	Triad	9-8-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate Mgmt		
	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
Frank Arlinghaus, Jr. 109 Office Center, 328 Newman Springs Rd. Red Bank, NJ 07701	Monmouth Pulmonary & Critical Care Assn.	9-11-00	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
	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
Peter Avakian 233 Corlies Ave. Allenhurst, NJ 07711	Leon Avakian, Inc.	9-11-00	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Engineer		
	Aggregate Year-to-Date > \$ 1,000.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Bender 31 High Ridge Rd. Wayside, NJ 07712	Self	9-11-00	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pharmacist		
	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) ..... 3,800.00

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