

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 13 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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)
National Association of Shareholders & Consumer Attorneys PAC

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) A. David Kessler | | Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 2 / 2 0 0 6 | |
| Mailing Address 280 King of Prussia Road | | Transaction ID: C160 | |
| City State Zip Code Radnor PA 19087 | | Amount of Each Receipt this Period 750.00 | |
| FEC ID number of contributing federal political committee. C | | [MEMO ITEM] | |
| Name of Employer Occupation Schiffrin & Barroway, LLP Partner | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 750.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Chimicles & Tikellis, LLP | | Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 | |
| Mailing Address One Haverford Center 361 West Lancaster Avenue | | Transaction ID: C162 | |
| City State Zip Code Haverford PA 19041 | | Amount of Each Receipt this Period 1500.00 | |
| FEC ID number of contributing federal political committee. C | | PARTNERSHIP--partners below if itemized | |
| Name of Employer Occupation Partnership | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 1500.00 | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Robert J. Kriner | | Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 6 / 2 0 0 6 | |
| Mailing Address One Haverford Centre 361 West Lancaster Avenue | | Transaction ID: C165 | |
| City State Zip Code Haverford PA 19041 | | Amount of Each Receipt this Period 300.00 | |
| FEC ID number of contributing federal political committee. C | | [MEMO ITEM] | |
| Name of Employer Occupation Chimicles & Tikellis, LLP Partner | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 300.00 | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional) ▶ | 1500.00 |
| TOTAL This Period (last page this line number only) ▶ | |