

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

American International Group, Inc., Employee Political Action Committee, Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott J. Roth 40 Middle Lane Jericho, N.Y. 11753	American International Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Manager	4/1/94	\$ 260.00
	Aggregate Year-to-Date	> \$ 260.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John J. Roberts 70 Pine Street New York, N.Y. 10270	American International Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Executive	4/20/94	\$5,000.00
	Aggregate Year-to-Date	> \$ 5,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nancy L. Roberts P.O. Box 703 Eastern, Maryland 21601	N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	4/20/94	\$5,000.00
	Aggregate Year-to-Date	> \$ 5,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
E.A.G. Manton 70 Pine Street New York, N.Y. 10270	American International Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Advisor	4/27/94	\$5,000.00
	Aggregate Year-to-Date	> \$ 5,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florence V. Manton 40 Fifth Avenue New York, N.Y. 10011	N/A		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Homemaker	4/27/94	\$5,000.00
	Aggregate Year-to-Date	> \$ 5,000.00	
F. 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	> \$	
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)	
TOTAL This Period (last page this line number only)	\$20,260.00

2
4
3
0
1
8
8
8
8
8
3
0
4
1