

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)
The National Leadership PAC

Full Name, Mailing Address and Zip Code Dr. Richard Machado Box 306 Bayamon, PR 00960-	Name of Employer Hospital Hermanos Melendez Occupation EXECUTIVE DIRECTOR	Date (month, day, year) 09/03/98	Amount of Each Receipt this Period \$5000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$5000.00		
Full Name, Mailing Address and Zip Code Robert H. Maloney 4021 19th Street, NE Washington, DC 20018-	Name of Employer FANNIE MAE Occupation Dir. Govt. Relations	Date (month, day, year) 09/16/98	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$100.00		
Full Name, Mailing Address and Zip Code Dr. Francisco Somoza Martinez Alt. De Torrimar B7-2 Calle 2 Guaynabo, PR 00969-	Name of Employer SELF-EMPLOYED Occupation DENTIST	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
Full Name, Mailing Address and Zip Code Dr. Gerardo S. Martorell L-4 Terrace Garden Hills Guaynabo, PR 00966-	Name of Employer SELF-EMPLOYED Occupation PHYSICIAN	Date (month, day, year) 09/01/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
Full Name, Mailing Address and Zip Code Anne L. Metcalf 820 Duke Street Alexandria, VA 22314-	Name of Employer Occupation	Date (month, day, year) 09/28/98	Amount of Each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
Full Name, Mailing Address and Zip Code Manfred Ohrenstein 230 Park Ave New York, NY 10169-	Name of Employer Ohrenstein & Brown LLP Occupation ATTORNEY	Date (month, day, year) 09/08/98	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		MEMO
Full Name, Mailing Address and Zip Code Ohrenstein & Brown, LLP 230 Park Ave New York, NY 10169-	Name of Employer Partnership Attribution Listed Individually Occupation	Date (month, day, year) 09/08/98	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		

SUBTOTAL of Receipts This Page (optional)	\$7600.00
TOTAL This Period (last page this line number only)	