

SCHEDULE A

ITEMIZED RECEIPTS

For line # 11(a)i

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Name of Committee (in full) : Black America's Pac

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR ROBERT OSTER	DELTROL CONTROLS	09/18/97	500.00
N9399 E SHORE ROAD MUKWONAGO, WI 53149-1912	Occupation EXECUTIVE		

Receipt for : Primary General
 Other (specify) : IAggr YTD > \$ 1000.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
MR ROBERT OSTER	DELTROL CONTROLS	12/19/97	500.00
N9399 E SHORE ROAD MUKWONAGO, WI 53149-1912	Occupation EXECUTIVE		

Receipt for : Primary General
 Other (specify) : IAggr YTD > \$ 1000.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
JEAN-ROBERT H CAUVIN		10/15/97	100.00
PO BOX 2174 CAREFREE, AZ 85377-0000	Occupation		

Receipt for : Primary General
 Other (specify) : IAggr YTD > \$ 300.00

Full Name, Address and ZIP Code	Name of Employer	Date	Amount
JEAN-ROBERT H CAUVIN		12/15/97	200.00
PO BOX 2174 CAREFREE, AZ 85377-0000	Occupation		

Receipt for : Primary General
 Other (specify) : IAggr YTD > \$ 300.00

Subtotal of Receipts This Page (optional).....\$ 1300.00