

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a1

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NAME OF COMMITTEE (in Full)

Republican Federal Committee of Pennsylvania

3 4 0 3 8 2 3 5 4 4 6

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|--------------------------------------|------------------------------------|
| John M. Templeton 601 Pembroke Road BrynMawr, PA 19010 | Children's Hospital of Philadelphia | 3/31/94 | 1000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Surgeon | Aggregate Year-to-Date > \$ 1,000.00 | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Thomas B. McCabe Jr., Esq. 6008 Musket Road Fort Washington, PA 19034 | Self-Employed | 1/26/94 | 250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Attorney | Aggregate Year-to-Date > \$ 250.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Thomas F. McCrea 1090 Kenyon Drive Fort Washington, PA 19034 | Info requested | 1/12/94 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: | 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 |
| Charles Bloom 418 Mulberry Lane Haverford, PA 19041 | Stevens and Lee | 1/25/94 | 5000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Attorney | 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 |
| Lawrence Singmaster 272 Cheswold Lane Haverford, PA 19041 | Self-employed | 1/27/94 | 320.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Physician | Aggregate Year-to-Date > \$ 320.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Shanin Specter 414 N. Rose Lane Haverford, PA 19041 | Beasley, Casey, Culleran, Erbstein, Thistle & Klein | 1/25/94 2/10/94 | 2000.00 35.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: Attorney | Aggregate Year-to-Date > \$ 2,035.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| William Lewis 949 West Avenue Springfield, PA 19064 | Info. Requested | 1/26/94 | 500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation: | Aggregate Year-to-Date > \$ 500.00 | |

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|---|---------|
| SUBTOTAL of Receipts This Page (optional) | 9605.00 |
| TOTAL This Period (last page this line number only) | |