

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**  
NASCAT PAC

A. Full Name, Mailing Address and ZIP Code Chimicles Jacobsen & Tikellis One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 2,000.00	Date (month, day, year) 11/17/97	Amount of Each Receipt this Period 2,000.00
B. Full Name, Mailing Address and ZIP Code Nicholas Chimicles One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles, Jacobsen & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 11/17/97	Amount of Each Receipt this Period 400 memo partnership allocation
C. Full Name, Mailing Address and ZIP Code Ken Jacobsen One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles, Jacobsen & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 11/17/97	Amount of Each Receipt this Period 400 memo partnership allocation
D. Full Name, Mailing Address and ZIP Code Pam Tikellis One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles, Jacobsen & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 11/17/97	Amount of Each Receipt this Period 400 memo partnership allocation
E. Full Name, Mailing Address and ZIP Code Jim Malone One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles, Jacobsen & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 11/17/97	Amount of Each Receipt this Period 400 memo partnership allocation
F. Full Name, Mailing Address and ZIP Code Jim Strum One Haverford Centre 361 West Lancaster Avenue Haverford, PA 19041 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Chimicles, Jacobsen & Tikellis Occupation Partner Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) 11/17/97	Amount of Each Receipt this Period 400 memo partnership allocation
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional) ..... 2,000

**TOTAL** This Period (last page this line number only) ..... 2,000