

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) Robb for Senate			
A. Full Name, Mailing Address and Zip Code Kimberly C. Oxholm 622 S. Bowman Avenue Merion Station, PA 19066-1421	Name of Employer Self - Employed Occupation Activist	Date (month, day, year) 09/15/2000	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		
B. Full Name, Mailing Address and Zip Code Robert A. Rovner 175 Bustleton Pike Feasterville Trevose, PA 19053-	Name of Employer Self - Employed Occupation Attorney	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 300.00		
C. Full Name, Mailing Address and Zip Code Allyson Young Schwartz 7200 Sherman Street Philadelphia, PA 19119-	Name of Employer Commonwealth of Pennsylvania Occupation State Senator	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 250.00		
D. Full Name, Mailing Address and Zip Code Gerald S. Segal Oakwood at the Windsor Penthouse Suite Philadelphia, PA 19103-2735	Name of Employer Self - Employed Occupation Attorney	Date (month, day, year) 09/15/2000	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		
E. Full Name, Mailing Address and Zip Code Betsy Sheerr 800 Edwin Lane Bryn Mawr, PA 19010-	Name of Employer Sheerr Communications Occupation President	Date (month, day, year) 09/15/2000	Amount of Each Receipt this Period 1,300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> 1,000.00		
F. Full Name, Mailing Address and Zip Code Stephen A. Sheller 512 Hoffman Drive Bryn Mawr, PA 19010-	Name of Employer Self - Employed Occupation Attorney	Date (month, day, year) 09/15/2000	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		
G. Full Name, Mailing Address and Zip Code Saul D. Shorr 8119 St. Martins Lane Philadelphia, PA 19118-	Name of Employer Self - Employed Occupation Political Consultant	Date (month, day, year) 09/15/2000	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		

SUBTOTAL of Receipts This Page (optional)	3,550.00
TOTAL This Period (last page this line number only)	