

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals (Itemized)

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NAME OF COMMITTEE (in Full) Casey for Congress Committee			
Full Name, Mailing Address and ZIP Code Ms. Rosemary Nolan 406 Bridge Street Old Forge, PA 18517-0000	Name of Employer N/A Occupation Retired Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address and ZIP Code Mr Francis K Nooney 323 S. Webster Ave. Scranton, PA 18505-0000	Name of Employer N/A Occupation Retired Aggregate Year-to-Date \$ 225.00	Date (month, day, year) 10/27/2000	Amount of Each Receipt this Period \$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address and ZIP Code Mr Robert Nuble 502 Morro Court Foster City, CA 94404	Name of Employer The Recycling Company Occupation Chairman Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 10/23/2000	Amount of Each Receipt this Period \$1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address and ZIP Code John O'Boyle 2007 Adams Avenue Scranton, 18509-0000	Name of Employer Department of Auditor General Occupation Attorney/Bureau Director Aggregate Year-to-Date \$ 1,250.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address and ZIP Code Mrs. MaryAnn O'Boyle 1119 Columbia Street Danmore, PA 18509-0000	Name of Employer N/A Occupation Homemaker Aggregate Year-to-Date \$ 220.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period \$150.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address and ZIP Code Mr Michael O'Brien 801 S Plymouth Ct #1011 60605	Name of Employer Trainor & O'Brien, Ltd. Occupation Attorney Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 11/27/2000	Amount of Each Receipt this Period \$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Full Name, Mailing Address and ZIP Code Mr Brian O'Dwyer 52 Duane Street New York, NY 10007	Name of Employer O'Dwyer & Bernstein Occupation Attorney Aggregate Year-to-Date \$ 250.00	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period \$250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
SUBTOTAL of Receipts This Page (optional)			\$ 1,950.00
TOTAL This Period (last page this line number only)			