

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

Committee to Elect Ed O'Brien C00351718

A. Full Name, Mailing Address and ZIP Code Ronald G. Harley 421 Willow Road Walnutport, PA 18088 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Retired	Date (month, day, year) 6/8/00	Amount of Each Receipt this Period \$500.00
	Occupation Retired Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Bernard M. Haslein 819 Aljo Drive Pittsburgh, PA 15241 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United Steelworkers of America	Date (month, day, year) 6/29/00	Amount of Each Receipt this Period \$150.00
	Occupation President's Assistant Aggregate Year-to-Date > \$ 300.00		
C. Full Name, Mailing Address and ZIP Code Billy H. Hutchinson 211 Oberlin Dr. Butler, PA 16001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer USWA	Date (month, day, year) 6/23/00	Amount of Each Receipt this Period \$20.00
	Occupation Sub-District Director Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code Billy H. Hutchinson 211 Oberlin Dr. Butler, PA 16001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer USWA	Date (month, day, year) 6/23/00	Amount of Each Receipt this Period \$100.00
	Occupation Sub-District Director Aggregate Year-to-Date > \$ 240.00		
E. Full Name, Mailing Address and ZIP Code Jefferson Demo Club 1002 Linden Street Bethlehem, PA 18018-2902 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer From Permissible Funds	Date (month, day, year) 6/20/00	Amount of Each Receipt this Period \$250.00
	Occupation From Permissible Funds Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Peter J. Karoly 412 N. Pine Top Place Bethlehem, PA 18017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) 6/1/00	Amount of Each Receipt this Period \$500.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00		
G. Full Name, Mailing Address and ZIP Code John P. Karoly, Jr. 4236 Winchester Road Allentown, PA 18104 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 5/1/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Attorney Aggregate Year-to-Date > \$ 1,000.00		

SUBTOTAL of Receipts This Page (optional)

\$2,520.00

TOTAL This Period (last page this line number only)