

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedules 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Matricia McLaughlin McLaughlin & Glazer 800 Walnut Street Easton, PA 18042	Self Employed * In-Kind: Fundraiser food & supp Occupation Attorney	6/17/00	\$305.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$305.00	
B. Full Name, Mailing Address and ZIP Code Gail E. Meyer 324 West St. Bethlehem, PA 18018-5621	Name of Employer UNITE International Union Occupation District Manager	6/16/00	\$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$500.00	
C. Full Name, Mailing Address and ZIP Code Mark C. Meyer 4362 Kilbert Dr. Allison Park, PA 15101	Name of Employer Goldberg, Persky, Jennings & White PC Occupation Attorney	6/27/00	\$25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$275.00	
D. Full Name, Mailing Address and ZIP Code Rudolph L. Milasich, Jr. 5819 Ferree St. Pittsburgh, PA 15217	Name of Employer USWA Occupation Attorney	6/29/00	\$50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
E. Full Name, Mailing Address and ZIP Code Rudolph L. Milasich, Jr. 5819 Ferree St. Pittsburgh, PA 15217	Name of Employer USWA Occupation Attorney	6/17/00	\$100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$250.00	
F. Full Name, Mailing Address and ZIP Code Robert J. Mongeluzzi One Liberty Place-34th Floor 1650 Market Street Philadelphia, PA 19103	Name of Employer Self Employed Occupation Attorney	6/26/00	\$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 Nicholas E. Neeley 46 Oliver Road New Haven, CT 06515-2734	Name of Employer State of Connecticut Occupation State Employee	6/28/00	\$375.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	\$375.00	

SUBTOTAL of Receipts This Page (optional)

\$1,855.00

TOTAL This Period (last page this line number only)