

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11(a)(i)

Contributions from Individuals/Persons

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Committee to Elect Ed O'Brien C00351718

| | | | |
|--|--|------------------------------------|--|
| A. Full Name, Mailing Address and ZIP Code Coral O'Brien 150 N. Taylor Oak Park, IL 60302-2524 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Retired | Date (month, day, year) 6/28/00 | Amount of Each Receipt this Period \$1,000.00 |
| | Occupation Retired Aggregate Year-to-Date > \$ | \$1,000.00 | |
| B. Full Name, Mailing Address and ZIP Code David O'Brien 141 W. Jackson Chicago, IL 60604 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Board of Trade | Date (month, day, year) 6/28/00 | Amount of Each Receipt this Period \$500.00 |
| | Occupation Information Requested Aggregate Year-to-Date > \$ | \$500.00 | |
| C. Full Name, Mailing Address and ZIP Code Edith O'Brien 1627 N. 76th Ct. Elmwood Park, IL 60707 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Self | Date (month, day, year) 6/29/00 | Amount of Each Receipt this Period \$500.00 |
| | Occupation Investment Counselor Aggregate Year-to-Date > \$ | \$500.00 | |
| D. Full Name, Mailing Address and ZIP Code Mary Win O'Brien 6350 Calton St. Pittsburgh, PA 15217 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer USWA | Date (month, day, year) 6/29/00 | Amount of Each Receipt this Period \$100.00 |
| | Occupation Department Head Aggregate Year-to-Date > \$ | \$1,100.00 | |
| E. Full Name, Mailing Address and ZIP Code Shirley O'Brien 1775 Chapel Avenue Allentown, PA 18103 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Retired | Date (month, day, year) 6/21/00 | Amount of Each Receipt this Period \$1,000.00 |
| | Occupation Retired Aggregate Year-to-Date > \$ | \$1,000.00 | |
| F. Full Name, Mailing Address and ZIP Code Terrence M. O'Brien 65 Lambeth Dr. Pittsburgh, PA 15241 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer Goldberg, Persky, Jennings & White PC | Date (month, day, year) 6/27/00 | Amount of Each Receipt this Period \$25.00 |
| | Occupation Attorney Aggregate Year-to-Date > \$ | \$275.00 | |
| G. Full Name, Mailing Address and ZIP Code Richard J. Orloski Orloski, Hinga & Pandateon 111 N. Cedar Crest Blvd. 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) 5/13/00 | Amount of Each Receipt this Period \$250.00 |
| | Occupation Attorney Aggregate Year-to-Date > \$ | \$500.00 | |

SUBTOTAL of Receipts This Page (optional)

\$3,375.00

TOTAL This Period (last page this line number only)