

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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

PAGE 15 OF 31

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
John J. Keller 133 N. Fifth St. Allentown, PA 18102	Self Employed	7/15/00	\$200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$		\$500.00
B. Full Name, Mailing Address and ZIP Code Patricia Kind 1776 Oak Hill Drive Huntingdon Valley, PA 19006	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife Aggregate Year-to-Date > \$	9/25/00	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Peter H. Kostmayer Kostmayer 2000 21 Ingham Way New Hope, PA 18938	Name of Employer Zero Population Growth	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director Aggregate Year-to-Date > \$	9/21/00	\$100.00
D. Full Name, Mailing Address and ZIP Code George M. Leader 1528 Sand Hill Road Hummelstown, PA 17038	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$	8/23/00	\$100.00
E. Full Name, Mailing Address and ZIP Code George M. Leader 1528 Sand Hill Road Hummelstown, PA 17038	Name of Employer Information Requested	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Requested Aggregate Year-to-Date > \$	7/6/00	\$100.00
F. Full Name, Mailing Address and ZIP Code Joseph F. Leeson, Jr. 70 F. Broad St. P. O. Box 1428 Bathlehem, PA 18018-1428	Name of Employer Self Employed	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$	7/17/00	\$250.00
G. Full Name, Mailing Address and ZIP Code Everett E. Lewis 218 West 40th St. New York, NY 10018	Name of Employer Lewis, Greenwald, Clifton, Neholandas	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney Aggregate Year-to-Date > \$	9/29/00	\$115.00

SUBTOTAL of Receipts This Page (optional)	\$1,865.00
TOTAL This Period (last page this line number only)	