

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Contributions from Individuals/Persons

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

PAGE 4 OF 11  
FOR LINE NUMBER 11(a)(i)

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 C0035-1718

<b>A. Full Name, Mailing Address and ZIP Code</b> Stephen C. Josel 2019 Walnut St. Philadelphia, PA 19103  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 10/9/00	<b>Amount of Each Receipt This Period</b> \$100.00
	<b>Occupation</b> Lawyer  <b>Aggregate Year-to-Date</b> > \$ 350.00		
<b>B. Full Name, Mailing Address and ZIP Code</b> Babette Josephs 1939 Waverly St. Philadelphia, PA 19146-1452  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 10/9/00	<b>Amount of Each Receipt This Period</b> \$250.00
	<b>Occupation</b> Councilwoman  <b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>C. Full Name, Mailing Address and ZIP Code</b> Jerry Knafz 4201 W. Tilghman St. Allentown, PA 18104  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 10/16/00	<b>Amount of Each Receipt This Period</b> \$250.00
	<b>Occupation</b> Attorney  <b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>D. Full Name, Mailing Address and ZIP Code</b> Henry W. Linares 21 W. North St. Bethlehem, PA 18018-3906  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Rockroth	<b>Date (month, day, year)</b> 10/9/00	<b>Amount of Each Receipt This Period</b> \$400.00
	<b>Occupation</b> Production  <b>Aggregate Year-to-Date</b> > \$ 400.00		
<b>E. Full Name, Mailing Address and ZIP Code</b> Iria M. Linares 21 W. North St. Bethlehem, PA 18018-3906  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Law Offices of Peter G. Angeles	<b>Date (month, day, year)</b> 10/9/00	<b>Amount of Each Receipt This Period</b> \$400.00
	<b>Occupation</b> Secretary  <b>Aggregate Year-to-Date</b> > \$ 860.00		
<b>F. Full Name, Mailing Address and ZIP Code</b> Slobhan Loizeaux-Barnett 25 S. 15th St. Allentown, PA 18102  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Information Requested	<b>Date (month, day, year)</b> 10/17/00	<b>Amount of Each Receipt This Period</b> \$100.00
	<b>Occupation</b> Information Requested  <b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>G. Full Name, Mailing Address and ZIP Code</b> Jennifer Mann Friends of Jennifer Mann 1227 Liberty Street, Suite 202, 2nd Floor Allentown, PA 18103  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Name of Employer</b> Commonwealth of PA	<b>Date (month, day, year)</b> 10/18/00	<b>Amount of Each Receipt This Period</b> \$100.00
	<b>Occupation</b> State Representative  <b>Aggregate Year-to-Date</b> > \$ 320.00		

<b>SUBTOTAL of Receipts This Page (optional)</b> .....	\$1,600.00
<b>TOTAL This Period (last page this line number only)</b> .....	