

**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)

Any information copied from such Reports and Statements may not be 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)**  
Republican State Committee of Delaware

<b>A. Full Name, Mailing Address and Zip Code</b> Edward Murphy 1900 Woodlawn Avenue Wilmington, DE 19806- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> MBNA Occupation Banker Aggregate Year-to-Date -> 5,000.00	<b>Date (month, day, year)</b> 09/22/2000	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>B. Full Name, Mailing Address and Zip Code</b> Terri Murphy 1900 Woodlawn Avenue Wilmington, DE 19806- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> MBNA Occupation Banker Aggregate Year-to-Date -> 5,000.00	<b>Date (month, day, year)</b> 09/22/2000	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>C. Full Name, Mailing Address and Zip Code</b> Christopher Macrelli 385 Saulsbury Road Dover, DE 19904- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Self Occupation Dentist Aggregate Year-to-Date -> 850.00	<b>Date (month, day, year)</b> 08/04/2000	<b>Amount of Each Receipt this Period</b> 300.00
<b>D. Full Name, Mailing Address and Zip Code</b> Laurie O'Sullivan-Wren 1003 Berkeley Road Wilmington, DE 19807- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Homemaker Occupation Aggregate Year-to-Date -> 5,000.00	<b>Date (month, day, year)</b> 09/22/2000	<b>Amount of Each Receipt this Period</b> 5,000.00
<b>E. Full Name, Mailing Address and Zip Code</b> Patricia Ann Olesky 2203 N. Harrison Street Wilmington, DE 19802- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> NCCo Register of Wills Occupation ADMINISTRATOR Aggregate Year-to-Date -> 185.00	<b>Date (month, day, year)</b> 07/13/2000	<b>Amount of Each Receipt this Period</b> 85.00
<b>F. Full Name, Mailing Address and Zip Code</b> Patricia Ann Olesky 2203 N. Harrison Street Wilmington, DE 19802- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> NCCo Register of Wills Occupation ADMINISTRATOR Aggregate Year-to-Date -> 285.00	<b>Date (month, day, year)</b> 08/17/2000	<b>Amount of Each Receipt this Period</b> 100.00
<b>G. Full Name, Mailing Address and Zip Code</b> Christopher S. Patterson Rockland Road Rockland, DE 19712- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Name of Employer</b> Patterson Schwartz Occupation Real Estate Aggregate Year-to-Date -> 250.00	<b>Date (month, day, year)</b> 09/22/2000	<b>Amount of Each Receipt this Period</b> 250.00

**SUBTOTAL** of Receipts This Page (optional)

15,735.00

**TOTAL** This Period (last page this line number only)