

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

11g

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Name of Committee (in Full) **Republican Federal Committee of Pennsylvania**

Full Name, Mailing Address and Zip Code Vernon Anderson 18 North Baltimore Street Ollsburg, PA 17019	Name of Employer _____	Date (month, day, year) 8/18/97	Amount of Each Receipt this Period \$500.00
	Occupation Self Employed	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

Full Name, Mailing Address and Zip Code Fred Noye RR 2, Box 260, Elliottsburg, PA 17024	Name of Employer Mark Advertising	Date (month, day, year) 12/19/97	Amount of Each Receipt this Period \$300.00
	Occupation Sales	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

Full Name, Mailing Address and Zip Code William Hudson 410 Laurel Drive, Hershey, PA 17033	Name of Employer Amp Incorporated	Date (month, day, year) 9/4/97	Amount of Each Receipt this Period \$500.00
	Occupation President	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

Full Name, Mailing Address and Zip Code Alphonse Leure-duPree Box 185, Hershey Medical Center Hershey, PA 17033	Name of Employer Hershey Medical Center	Date (month, day, year) 7/14/97	Amount of Each Receipt this Period \$250.00
	Occupation Physician	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

Full Name, Mailing Address and Zip Code Barbara Hafer 1181 Wicklow Court, Hummelstown, PA 17036	Name of Employer Commonwealth of Pennsylvania	Date (month, day, year) 10/1/97 11/21/97 12/19/97	Amount of Each Receipt this Period \$65.00 \$2,000.00 \$200.00
	Occupation Treasurer	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

Full Name, Mailing Address and Zip Code Patricia Jardine 1181 Wicklow Court, Hummelstown, PA 17036	Name of Employer The Wednesday Group	Date (month, day, year) 10/1/97 11/3/97	Amount of Each Receipt this Period \$130.00 \$200.00
	Occupation Consultant	Aggregate Year-to-Date >	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): _____			

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

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