

<b>SCHEDULE A</b>		<b>ITEMIZED RECEIPTS</b>		Use separate schedule(s) for each category of the Detailed Summary Page	12 / 47
					FOR LINE NUMBER 11A1
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.					
<b>NAME OF COMMITTEE (In Full)</b> <b>PAT TOOMEY FOR CONGRESS COMMITTEE</b>					
<b>Full Name, Mailing Address, and ZIP Code</b> Ann Marie Kincael  P.O. Box 2058, R.R. 2  Moscow PA 18444		<b>Name of Employer</b> Self employed		<b>Date (month, day, year)</b> 04/20/2001	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Insurance Agent		<b>Aggregate Year-to-Date</b> > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Richard Kline  1708 Whiteacre Drive  Bethlehem PA 18015		<b>Name of Employer</b> N/A		<b>Date (month, day, year)</b> 05/01/2001	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Retired		<b>Aggregate Year-to-Date</b> > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> James Landis  2718 Windy Hill Road  Allentown PA 18103		<b>Name of Employer</b> CSI, Inc.		<b>Date (month, day, year)</b> 04/30/2001	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Executive		<b>Aggregate Year-to-Date</b> > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Alan Leahy  4720 E. Texas Road  Allentown PA 18106		<b>Name of Employer</b> Lehigh Valley Eye Center		<b>Date (month, day, year)</b> 05/03/2001	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Eye Surgeon		<b>Aggregate Year-to-Date</b> > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Mark Lieberman  1480 Keystone Road  Allentown PA 18103		<b>Name of Employer</b> Interspace Airport Advertising		<b>Date (month, day, year)</b> 04/16/2001	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> V.P.		<b>Aggregate Year-to-Date</b> > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Sandra Lovell  2830 Liberty Street  Allentown PA 18104		<b>Name of Employer</b> N/A		<b>Date (month, day, year)</b> 04/25/2001	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> Retired		<b>Aggregate Year-to-Date</b> > \$ 1000.00	
<b>Full Name, Mailing Address, and ZIP Code</b> Henry Lubsen  2150 Spyglass Hill  Center Valley PA 18034-9713		<b>Name of Employer</b> Atronic		<b>Date (month, day, year)</b> 06/19/2001	<b>Amount of Each Receipt this Period</b> 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :		<b>Occupation</b> President		<b>Aggregate Year-to-Date</b> > \$ 1000.00	
<b>SUBTOTALS</b> of Receipts This Page (Optional) .....					
<b>TOTALS</b> This Period (last page this line number only) .....					