

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

PAGE 2 OF 8
FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)

Brian Babin For Congress

C00304220

| A. Full Name, Mailing Address and ZIP Code | Name of Employer Information Requested | Date | Amount this pd. |
|--|--|------------|-----------------|
| Christine Sanders P.O. Box 619 Woodville, TX 75979 | Retired | 03-24-98 | \$50.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Year-to-Date > | \$50.00 | |
| B. Full Name, Mailing Address and ZIP Code (same as above) | Name of Employer Information Requested | Date | Amount this pd. |
| | Retired | 02-13-98 | \$500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Year-to-Date > | \$550.00 | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer Information Requested | Date | Amount this pd. |
| Mr. H.V. Howell 26 Bellechase Gardens Beaumont, TX 77705 | Retired | 01-28-98 | \$250.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Year-to-Date > | \$250.00 | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer Information Requested | Date | Amount this pd. |
| Dr. Chris Kennaugh 3545 39th St. Port Arthur, TX 77640 | Self Dentist | 02-06-98 | \$500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Year-to-Date > | \$500.00 | |
| E. Full Name, Mailing Address and ZIP Code (same as above) | Name of Employer Information Requested | Date | Amount this pd. |
| | Self Dentist | 03-22-98 | \$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Year-to-Date > | \$600.00 | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer Information Requested | Date | Amount this pd. |
| Mr. William Maier 1108 West Park Ave Orange, TX 77630 | Self Lumber Yard | 01-20-98 | \$500.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Year-to-Date > | \$500.00 | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer Information Requested | Date | Amount this pd. |
| Mr. James Lightner 5905 Steuben Ct. Dallas, TX 75248 | Self Engineer | 02-03-98 | \$1,000.00 |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Year-to-Date > | \$1,000.00 | |

SUBTOTAL of Receipts This Page (optional) > \$2,900.00

TOTAL This Period (last page this line number only) > -----