SCHEDULE A **ITEMIZED RECEIPTS**

MEMO ENTRIES

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

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (in Full)
Frist 2000, Inc.

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. C.S. Thomas, Jr., M.D. 425 Westview Avenue Nashville, TN 37215-2229 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Memphis Dermatology Clinic Occupation: Physician Aggregate Year-to-date	3/21/2000	(250.00) Memo
B. Mrs. Alice Thomas 425 Westview Avenue Nashville, TN 37215-2229 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation: Homemaker Aggregate Year-to-date	3/21/2000	250.00 Memo
C. Mr. H. Stewart Van Scoyoc 4363 West Cherry Place Memphis, TN 38117-3520 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer: Van Scoyoc Associates Inc. Occupation: President Aggregate Year-to-date	2/29/2000	(1,000.00) Memo
D. Patricia Van Scoyoc 4363 West Cherry Place Memphis, TN 38117-3520 Receipt For: [X] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation: Homemaker Aggregate Year-to-date	2/29/2000	1,000.00 Memo
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-date	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-date	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-date	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	-
TOTAL This Period (last page this line number only)	-

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