SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11ai

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NAME OF COMMITTEE (In Full)

GOPAC, Inc.

FEC ID No. C00251601

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William D. Grant One Ward Parkway Kansas City, MO 64112	Seafield Capital Corporation	11/09/99	5,000.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Chairman Emeritus		
	Aggregate Year-To-Date $	5,000.00	

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nathan Saint-Armand 2 E. 88th Street New York, NY 10128	Self Employed	11/04/99	2,500.00
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation: Doctor		
	Aggregate Year-To-Date $	5,000.00	

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-To-Date $		

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-To-Date $		

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-To-Date $		

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-To-Date $		

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: ☐ Primary ☐ General ☐ Other (specify):	Occupation		
	Aggregate Year-To-Date $		

SUBTOTAL of Receipts This Page (optional)	7,500.00
TOTAL This Period (last page this line number only)	7,500.00