

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Barr-Congress

A. Full Name, Mailing Address and Zip Code Ms. Maurine Flowers 11111 Saathoff Drive No. 407 Cypress, TX 77429-	Name of Employer None	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 405.00	
B. Full Name, Mailing Address and Zip Code Ms. Maurine Flowers 11111 Saathoff Drive No. 407 Cypress, TX 77429-	Name of Employer None	Date (month, day, year) 11/01/2000	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 430.00	
C. Full Name, Mailing Address and Zip Code Mr. Joseph Flynn 446 Columbia Boulevard Wood Ridge, NJ 07075-	Name of Employer Cobb Dot	Date (month, day, year) 10/30/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Auto Mechanic	Aggregate Year-to-Date -> 535.00	
D. Full Name, Mailing Address and Zip Code Ms. Carmer Fogles 11319 8th Street No. 403 Seattle, WA 98125-	Name of Employer Cobb Dot	Date (month, day, year) 10/31/2000	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Auto Mechanic	Aggregate Year-to-Date -> 400.00	
E. Full Name, Mailing Address and Zip Code Mr. Christopher Forbes 60 Fifth Avenue New York, NY 10010-	Name of Employer Forbes, Inc.	Date (month, day, year) 11/02/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Publisher	Aggregate Year-to-Date -> 1,000.00	
F. Full Name, Mailing Address and Zip Code Mrs. Nancy L. Ford P.O. Box 633 New Harmony, IN 47631-0633	Name of Employer None	Date (month, day, year) 10/25/2000	Amount of Each Receipt this Period 200.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 550.00	
G. Full Name, Mailing Address and Zip Code Mrs. Nancy L. Ford P.O. Box 633 New Harmony, IN 47631-0633	Name of Employer None	Date (month, day, year) 11/06/2000	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 850.00	

SUBTOTAL of Receipts This Page (optional)	1,200.00
TOTAL This Period (last page this line number only)	