

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
American Renewal PAC

A. Full Name, Mailing Address and Zip Code Mr. John L. 'Jack' Dugan 464 South Roanoke Mesa, AZ 85206-2127 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 02/22/99	Amount of Each Receipt this Period \$250.00
	Occupation Aggregate Year-to-Date -> \$250.00		
B. Full Name, Mailing Address and Zip Code Mr. John L. 'Jack' Dugan 464 South Roanoke Mesa, AZ 85206-2127 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 03/15/99	Amount of Each Receipt this Period \$50.00
	Occupation Aggregate Year-to-Date -> \$300.00		
C. Full Name, Mailing Address and Zip Code Mr. Alfred C. Eckert, III 134 Bullantre Road Bernardsville, NJ 07924- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer GSCP Inc.	Date (month, day, year) 05/14/99	Amount of Each Receipt this Period \$500.00
	Occupation Investor Aggregate Year-to-Date -> \$500.00		
D. Full Name, Mailing Address and Zip Code Mr. and Mrs. Michael J. Ellis P.O. Box 9478 Rancho Santa Fe, CA 92067- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Metabolife International Inc.	Date (month, day, year) 04/09/99	Amount of Each Receipt this Period \$1000.00
	Occupation CEO Aggregate Year-to-Date -> \$1000.00		
E. Full Name, Mailing Address and Zip Code Mr. and Mrs. Michael J. Ellis P.O. Box 9478 Rancho Santa Fe, CA 92067- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Metabolife International Inc.	Date (month, day, year) 04/09/99	Amount of Each Receipt this Period \$1000.00
	Occupation CEO Aggregate Year-to-Date -> \$2000.00		
F. Full Name, Mailing Address and Zip Code Mr. Gil Lynn Ethridge 3613 Atkins Trium Lane Hoover, AL 35226-2078 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Health South	Date (month, day, year) 02/02/99	Amount of Each Receipt this Period \$250.00
	Occupation Aggregate Year-to-Date -> \$250.00		
G. Full Name, Mailing Address and Zip Code Mr. and Mrs. Paul J. Evansou P.O. Box 14000 Jung Beach, FL 33408- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Florida Power & Light	Date (month, day, year) 02/16/99	Amount of Each Receipt this Period \$1000.00
	Occupation Pres. Aggregate Year-to-Date -> \$1000.00		

SUBTOTAL of Receipts This Page (optional)	\$4050.00
TOTAL This Period (last page this line number only)	