

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Democratic State Central Committee of LA C00071365

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B. J. HAYNES 465 W. MC KINLEY BATON ROUGE LA 70802	SELF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESS	12/22/97	
	Aggregate Year-to-Date > \$	500.00	250.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARTIN WALKE 8555 UNITED PLAZA BLVD. #301 BATON ROUGE LA 70809	SELF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation BUSINESSMAN	12/22/97	
	Aggregate Year-to-Date > \$	1,050.00	250.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NORMA J. SABISTON 3108 ESPLANDE AVE. NEW ORLEANS LA 70119	U.S. SENATE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CHIEF OF STAFF	12/22/97	
	Aggregate Year-to-Date > \$	750.00	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WILLIAM M. WOLFE 7809 JEFFERSON HWY STEB3 BATON ROUGE LA 70809	SELF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	12/22/97	
	Aggregate Year-to-Date > \$	500.00	250.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
LINDA CAROL LEDBETTER 33 NERON PLACE NEW ORLEANS LA 70118	SELF		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	12/31/97	
	Aggregate Year-to-Date > \$	250.00	250.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CECIL J. BLACHE 5925 GOVERNMENT ST. BATON ROUGE LA 70806	BREAZLE SACHS		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation ATTORNEY	12/31/97	
	Aggregate Year-to-Date > \$	1,000.00	1,000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S. CAROLYN BROWN 119 MARLEY DR. HAMMOND LA 70401	SELF		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CONSULTANT	12/31/97	
	Aggregate Year-to-Date > \$	1,750.00	1,500.00

SUBTOTAL of Receipts This Page (optional)..... 3,750.00

TOTAL This Period (last page this line number only).....