

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Friends of J.C. Watts

A. Full Name, Mailing Address and Zip Code Mr. and Mrs. Terry L. Childers P.O. Box 6366 Edmond, OK 73083-6366 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Childers Construction	Date (month, day, year) 05/21/99	Amount of Each Receipt this Period \$1000.00
	Occupation President	Aggregate Year-to-Date -> \$1000.00	
B. Full Name, Mailing Address and Zip Code Mr. and Mrs. William E. Clark 25 Edgehill Road Little Rock, AR 72207- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CDI Contractors Inc.	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period \$1000.00
	Occupation Contractor	Aggregate Year-to-Date -> \$1000.00	
C. Full Name, Mailing Address and Zip Code Mr. and Mrs. Jack Coats 9404 Moss Farm Lane Dallas, TX 75243-7607 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Jack Coats Realtor	Date (month, day, year) 02/17/99	Amount of Each Receipt this Period \$200.00
	Occupation	Aggregate Year-to-Date -> \$200.00	
D. Full Name, Mailing Address and Zip Code Mr. and Mrs. William M. Coats 16217 Monnington Street Whittier, CA 90603- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested	Date (month, day, year) 06/10/99	Amount of Each Receipt this Period \$500.00
	Occupation	Aggregate Year-to-Date -> \$500.00	
E. Full Name, Mailing Address and Zip Code Mr. and Mrs. Carl I. Cohen 1106 Laurelwood Carmel, IN 46032- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer CIC	Date (month, day, year) 06/30/99	Amount of Each Receipt this Period \$500.00
	Occupation Management Consultant	Aggregate Year-to-Date -> \$500.00	
F. Full Name, Mailing Address and Zip Code Ms. Charis P. Cole P.O. Box 491 Bryn Athyn, PA 19009- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired	Date (month, day, year) 05/24/99	Amount of Each Receipt this Period \$500.00
	Occupation	Aggregate Year-to-Date -> \$500.00	
G. Full Name, Mailing Address and Zip Code Mr. Stephen C. Connor 125 Broad Street New York, NY 10004- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Sullivan & Cromwell	Date (month, day, year) 04/12/99	Amount of Each Receipt this Period \$250.00
	Occupation Attorney	Aggregate Year-to-Date -> \$250.00	

SUBTOTAL of Receipts This Page (optional)	\$3950.00
TOTAL This Period (last page this line number only)	