

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

INDIVIDUAL

ALLIANCE FOR THE WEST

A. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
B. Full Name, Mailing Address and ZIP Code G. STEWART & HSA HALL 805 LUNENBURG RD. GREAT FALLS, VA 22066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STEWART HALL ASSOC. Occupation SELF/OWNER Aggregate Year-to-Date > \$ 500	Date (month, day, year) 8/11/98	Amount of Each Receipt this Period \$ 500.00
C. Full Name, Mailing Address and ZIP Code THOMAS D. CAMPBELL 517 QUEEN ST. ALEXANDRIA, VA 22314 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer THOMAS D. CAMPBELL ASSOC. Occupation OWNER/SELF Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 9/23/98	Amount of Each Receipt this Period \$ 1,000.00
D. Full Name, Mailing Address and ZIP Code LOUIS MOORE BROWN 1251 AVENUE OF THE AMERICAS 53RD FLOOR NEW YORK, NY 10020 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer LEWIS-BROWN MOORE CAPITAL MGMT. Occupation CEO/CHAIRMAN Aggregate Year-to-Date > \$ 5,000	Date (month, day, year) 9/30/98	Amount of Each Receipt this Period \$ 5,000.00
E. Full Name, Mailing Address and ZIP Code JAMES B CHRISTIAN JR. 2550 M STREET, NW WASHINGTON, DC 20037 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PATON-BOGGS Occupation ATTORNEY Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 9/30/98	Amount of Each Receipt this Period \$ 500.00
F. Full Name, Mailing Address and ZIP Code R.E. HOLDING (EARL) P.O. BOX 1529 CHEYENNE, WY 82003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SINCLAIR OIL CORP. Occupation OWNER Aggregate Year-to-Date > \$ 1,500	Date (month, day, year) 9/30/98	Amount of Each Receipt this Period \$ 1,500.00
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) **\$ 8,500.00**

TOTAL This Period (last page this line number only) **\$ 8,500.00**