

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Live Free or Die

A. Full Name, Mailing Address and Zip Code Maurice Digley PO Box 8 Days Creek, OR 97425-0008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Alm Transport Inc. Occupation Truck Driver Aggregate Year-to-Date -> 250.00	Date (month, day, year) 06/26/2000	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and Zip Code Daniel Campbell 9752 Sierra Vista Rd Longmont, CO 80504-9428 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer IBM Occupation Programmer Aggregate Year-to-Date -> 300.00	Date (month, day, year) 04/03/2000	Amount of Each Receipt this Period 50.00
C. Full Name, Mailing Address and Zip Code Glenn Cunningham 10475 Buck Road Freeland, MI 48623-9731 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cunningham/ Taylor Occupation Embalmer Aggregate Year-to-Date -> 250.00	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 50.00
D. Full Name, Mailing Address and Zip Code Fuller Goff 4028 Essex Lane Houston, TX 77027-5116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Locksmith Aggregate Year-to-Date -> 250.00	Date (month, day, year) 06/14/2000	Amount of Each Receipt this Period 200.00
E. Full Name, Mailing Address and Zip Code Gary Jensen 728 8th Street Beloit, WI 53511- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 200.00	Date (month, day, year) 06/12/2000	Amount of Each Receipt this Period 50.00
F. Full Name, Mailing Address and Zip Code Beverly Murphy 10601 Snapper Creek Road Miami, FL 33156-3454 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Registered Nurse Aggregate Year-to-Date -> 200.00	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period 100.00
G. Full Name, Mailing Address and Zip Code Jack Podell 106 Wakewa Avenue South Bend, IN 46617-1130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Information Requested Occupation Information Requested Aggregate Year-to-Date -> 200.00	Date (month, day, year) 06/22/2000	Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)	650.00
TOTAL This Period (Last page this line number only)	