

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11, a. i.

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NAME OF COMMITTEE (In Full)
CAMPAIGN AMERICA C00088369

A. Full Name, Mailing Address and ZIP Code MR. JAMES F. DICKE, II 48 S WASHINGTON ST NEW BREMEN, OH 45869-1247 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer CROWN EQUIPMENT CORP.	Date (month, day, year) 03/18/98	Amount of Each Receipt this period \$ 5,000.00
	Occupation PRESIDENT	Aggregate year-to-date > \$5,000.00	
B. Full Name, Mailing Address and ZIP Code MR. VERDE V. DICKEY 4340 N 42ND AVE PHOENIX, AZ 85019 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer VERCO MFG.	Date (month, day, year) 03/03/98	Amount of Each Receipt this period \$ 500.00
	Occupation EXECUTIVE	Aggregate year-to-date > \$500.00	
C. Full Name, Mailing Address and ZIP Code MR. DENNIS M. DOYLE, JR. 3931 BAYMEADOWS RD JACKSONVILLE, FL 32217 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE FARM INS. CO.	Date (month, day, year) 03/11/98	Amount of Each Receipt this period \$ 250.00
	Occupation SELF	Aggregate year-to-date > *	
D. Full Name, Mailing Address and ZIP Code MR. DENNIS M. DOYLE, JR. 3931 BAYMEADOWS RD JACKSONVILLE, FL 32217 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer STATE FARM INS. CO.	Date (month, day, year) 03/18/98	Amount of Each Receipt this period \$ 750.00
	Occupation SELF	Aggregate year-to-date > \$1,000.00	
E. Full Name, Mailing Address and ZIP Code MR. CLARENCE J. DUNCAN 254 W EDGEMONT AVE PHOENIX, AZ 85007 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year) 03/11/98	Amount of Each Receipt this period \$ 500.00
	Occupation RETIRED	Aggregate year-to-date > \$500.00	
F. Full Name, Mailing Address and ZIP Code DR. RICHARD W. BYCUS 1005 E 6TH ST COOKEVILLE, TN 38501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer REQUESTED	Date (month, day, year) 03/09/98	Amount of Each Receipt this period \$ 1,000.00
	Occupation REQUESTED	Aggregate year-to-date > \$1,000.00	
G. Full Name, Mailing Address and ZIP Code MR. PHILIP A. EDLUND 7100 N 46TH PL PARADISE VALLEY, AZ 85253 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BENNEMORE CRAIG	Date (month, day, year) 03/17/98	Amount of Each Receipt this period \$ 500.00
	Occupation ATTORNEY	Aggregate year-to-date > \$500.00	

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

TOTAL TMs Period (last page this line number only)