

**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)(1)

Any information copied from such Reports and Statements may not be valid or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

**NAME OF COMMITTEE (In Full)**  
 Republican Party of Florida-Federal Campaign Committee

<p><b>A. Full Name, Mailing Address and Zip Code</b>                  Sylvia Reinhart                  210 Highland Avenue                  Santa Rosa Beach, FL 32459-3669</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                  n/a</p> <p><b>Occupation</b>                  Retired</p> <p><b>Aggregate Year-to-Date -&gt;</b> 200.00</p>	<p><b>Date (month, day, year)</b>                  10/27/2000</p>	<p><b>Amount of Each Receipt this Period</b>                  50.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b>                  Sylvia Reinhart                  210 Highland Avenue                  Santa Rosa Beach, FL 32459-3669</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                  n/a</p> <p><b>Occupation</b>                  Retired</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Date (month, day, year)</b>                  10/27/2000</p>	<p><b>Amount of Each Receipt this Period</b>                  50.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b>                  Harry Reinstine                  3520 Richmond Street                  Jacksonville, FL 32205-9422</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                  n/a</p> <p><b>Occupation</b>                  Retired</p> <p><b>Aggregate Year-to-Date -&gt;</b> 275.00</p>	<p><b>Date (month, day, year)</b>                  10/31/2000</p>	<p><b>Amount of Each Receipt this Period</b>                  125.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b>                  Derek Repath                  813 Nafa Drive                  Boca Raton, FL 33487-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                  Repath Associates</p> <p><b>Occupation</b>                  Insurance Agent</p> <p><b>Aggregate Year-to-Date -&gt;</b> 650.00</p>	<p><b>Date (month, day, year)</b>                  11/18/2000</p>	<p><b>Amount of Each Receipt this Period</b>                  300.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b>                  John Reville                  4174 Country Oaks Drive                  Orange Park, FL 32065-7611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b> 300.00</p>	<p><b>Date (month, day, year)</b>                  10/30/2000</p>	<p><b>Amount of Each Receipt this Period</b>                  100.00</p>
<p><b>F. Full Name, Mailing Address and Zip Code</b>                  Annabelle Rhinehart                  4629 Poinciana Street                  Apt. 506                  Fort Lauderdale, FL 33308-3537</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                  n/a</p> <p><b>Occupation</b>                  Retired</p> <p><b>Aggregate Year-to-Date -&gt;</b> 250.00</p>	<p><b>Date (month, day, year)</b>                  11/02/2000</p>	<p><b>Amount of Each Receipt this Period</b>                  100.00</p>
<p><b>G. Full Name, Mailing Address and Zip Code</b>                  Albert Rhoton                  2505 NW 22 Avenue                  Gainesville, FL 32605-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b>                  Univ. Of Florida</p> <p><b>Occupation</b>                  Physician</p> <p><b>Aggregate Year-to-Date -&gt;</b> 400.00</p>	<p><b>Date (month, day, year)</b>                  10/27/2000</p>	<p><b>Amount of Each Receipt this Period</b>                  300.00</p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>\$1,025.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	