

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

WALTER JONES COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Wilson Jones 106 Pinelake Drive Elizabeth City NC 27909	self	1/30/97	\$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business owner	Aggregate Year-to-Date > \$	\$500.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Durwood M. Cooper P.O. Box 420 Columbia NC 27925	self	1/30/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation farmer	Aggregate Year-to-Date > \$	\$1000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laura E. Dixon P.O. Box 1618 Kinston NC 28503	Dixon Marketing	2/11/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$1000.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
K. Heinz Moehring P.O. Box 1177 Beaufort NC 28516	Atlantic Veneer	2/11/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$	\$1000.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bev Pritchard 4430 Davison Avenue Atlanta GA 30319		2/11/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$	\$1000.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard B. Ladd One Massachusetts Ave., N.W., No. 880 Washington DC 20001	Robinson International	2/11/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation consultant	Aggregate Year-to-Date > \$	\$1000.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William G. Pritchard 4430 Davison Avenue Atlanta GA 30319	Pritchard and Jerden	2/11/97	\$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance	Aggregate Year-to-Date > \$	\$1000.00

SUBTOTAL of Receipts This Page (optional)

6500

TOTAL This Period (last page this line number only)