

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold 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)  
America's Majority Trust

Full Name (Last, First, Middle Initial) <b>A. Kenneth R. Hartslein</b>		Date of Receipt M / D / Y 02 / 27 / 2004
Mailing Address 10801 E Happy Valley Road		Transaction ID: Rece00188917WJ
City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Economic Concepts Inc.	Occupation CLU	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Edward Samuel Kuler</b>		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 8405 Tree Top Cir		Transaction ID: Rece00188795WJ
City Columbia	State MD	Zip Code 21045
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Clark & Weinstock	Occupation Consultant	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. James D. Patricone</b>		Date of Receipt M / D / Y 02 / 20 / 2004
Mailing Address 6857 Kenwood Road		Transaction ID: Rece00188794WJ
City Cincinnati	State OH	Zip Code 45243
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Self Employed	Occupation Dentist	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2500.00</b>
TOTAL This Period (last page this line number only) .....	▶	