

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

ESOP PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|--|-------------------------|------------------------------------|
| Delores L. Thomas 5311 Grand Blvd. New Port Richey, Florida 34652 | Ewing & Thomas Occupation physical therapist | 11/1/00 | \$500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 4,000.00 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| Colin M. Henderson 9405 Mercer Drive Dallas, Texas 75228 | Strategic Investment Counsel Corp. Occupation investment banker | 11/1/00 | \$500.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| John D. Emory, Sr. 611 North Broadway Milwaukee, Wisconsin 53202 | Emory Business Valuation, LLC Occupation appraiser | 11/1/00 | \$300.00 |
| Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 300.00 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
| | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ | | |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$1,300.00