

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	121 / 577
			FOR LINE NUMBER 17A

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NAME OF COMMITTEE (In Full)
Elizabeth Dole for President Exploratory Committee Inc

Full Name, Mailing Address, and ZIP Code Mr. Henry A. Dudley, Jr. 13 West Irving Street Chevy Chase MD 20815	Name of Employer Riggs Bank	Date (month, day, year) 04/30/1998	Amount of Each Receipt this Period 1000.00
	Occupation Banker		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Alben K. Duffie 790 NW 153rd Street Miami FL 33169	Name of Employer Self	Date (month, day, year) 06/03/1999	Amount of Each Receipt this Period 1000.00
	Occupation Developer/Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Emma G. Duffie 790 NW 153rd Street North Miami FL 33160	Name of Employer Miami Dade Community College	Date (month, day, year) 06/03/1998	Amount of Each Receipt this Period 1000.00
	Occupation Administrator		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mr. Philip N. Duff 108 John Street Greenwich CT 06831	Name of Employer Tiger Management	Date (month, day, year) 05/19/1999	Amount of Each Receipt this Period 1000.00
	Occupation Investment Management		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Ms. Debra A. Duggan 2415 Cima Court San Luis Obispo CA 93401	Name of Employer Central Coast Culinary	Date (month, day, year) 05/26/1999	Amount of Each Receipt this Period 1000.00
	Occupation Chef, Instructor, Consultant		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Dr. Fred M. Dula, Jr. 220 Confederate Avenue Salsbury NC 28144	Name of Employer Self	Date (month, day, year) 06/10/1999	Amount of Each Receipt this Period 1000.00
	Occupation Physician		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
Full Name, Mailing Address, and ZIP Code Mrs. Flora Dunelans 3375 E Lombardy Road Pasadena CA 91107	Name of Employer Western Medical Supply	Date (month, day, year) 06/03/1998	Amount of Each Receipt this Period 250.00
	Occupation Vice President		
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 500.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			