

SCHEDULE A	ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	294 / 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 Mrs. Betty Murfin 250 N Water St., Ste. 3000 Wichita KS 67202	Name of Employer Occupation Retired	Date (month, day, year) 04/16/1998	Amount of Each Receipt this Period 1000.00
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. David L. Murfin 900 N Linden Wichita KS 67206	Name of Employer Self Occupation Independent Oil Producer	Date (month, day, year) 06/23/1999	Amount of Each Receipt this Period 1000.00
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. Jan L. Murley 2813 Ambleside Place Cincinnati OH 45208	Name of Employer Procter & Gamble Occupation Executive	Date (month, day, year) 06/15/1998	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Ms. Chandley Murphy 240 E 79th Street New York NY 10021	Name of Employer Financial Times Occupation Journalist	Date (month, day, year) 05/19/1999	Amount of Each Receipt this Period 1000.00
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. Thomas S. Murphy 77 West 66th Street New York NY 10023	Name of Employer Occupation Retired	Date (month, day, year) 06/14/1999	Amount of Each Receipt this Period 1000.00
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. Elaine Musselman PO Box 971 Prospect KY 40059	Name of Employer Risk Management Corp. Occupation Insurance	Date (month, day, year) 06/30/1999	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 250.00		
Full Name, Mailing Address, and ZIP Code Mr. David N. Myers 1801 E 9th St., Ste. 1105 Cleveland OH 44114	Name of Employer Occupation Retired	Date (month, day, year) 05/24/1998	Amount of Each Receipt this Period 1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) :	Aggregate Year-to-Date > \$ 1000.00		
SUBTOTALS of Receipts This Page (Optional)			
TOTALS This Period (last page this line number only)			