

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

11(a)(i)

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**NAME OF COMMITTEE (In Full)**  
Ed Bryant for Congress

<p><b>A. Full Name, Mailing Address and Zip Code</b> Mr. Morton L. Topfer 2600 Scenic Dr. Austin, TX 78703-2529</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Dell Computer Corp.</p> <p><b>Occupation</b> Chairman</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,000.00</p>	<p><b>Date (month, day, year)</b> 11/07/2000</p>	<p><b>Amount of Each Receipt this Period</b> 1,000.00</p>
<p><b>B. Full Name, Mailing Address and Zip Code</b> Dr. James M. West 5229 Cosgrove Cove Memphis, TN 38117-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Medical Anesthesia Group</p> <p><b>Occupation</b> Physician</p> <p><b>Aggregate Year-to-Date -&gt;</b> 1,750.00</p>	<p><b>Date (month, day, year)</b> 11/03/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>C. Full Name, Mailing Address and Zip Code</b> Mr. Thomas T. Woodall 306 Murrell St. Dickson, TN 37055-1219</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Tenn Court of Criminal Appeals</p> <p><b>Occupation</b> Judge</p> <p><b>Aggregate Year-to-Date -&gt;</b> 750.00</p>	<p><b>Date (month, day, year)</b> 11/03/2000</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p>
<p><b>D. Full Name, Mailing Address and Zip Code</b> Mr. William M. Vandell, III 5350 Poplar Ave., Ste. 875 Memphis, TN 38119-</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b> Self-employed</p> <p><b>Occupation</b> Communications</p> <p><b>Aggregate Year-to-Date -&gt;</b> 300.00</p>	<p><b>Date (month, day, year)</b> 10/19/2000</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p><b>E. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b> / /</p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>F. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b> / /</p>	<p><b>Amount of Each Receipt this Period</b></p>
<p><b>G. Full Name, Mailing Address and Zip Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date -&gt;</b></p>	<p><b>Date (month, day, year)</b> / /</p>	<p><b>Amount of Each Receipt this Period</b></p>

<p><b>SUBTOTAL</b> of Receipts This Page (optional)</p>	<p>1,700.00</p>
<p><b>TOTAL</b> This Period (last page this line number only)</p>	<p>15,960.00</p>

2000 Form 7060-SS (Rev. 10-2000)