

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full) Committee to Re-Elect Steven J. Chabot			
A. Full Name, Mailing Address and Zip Code Quentin Nesbitt 1 Tanglewood Ln. Cincinnati, OH 45226- Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Data Processing Sciences Corp. Occupation Executive Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and Zip Code W. Oates 435 Slembrook Ct Cincinnati, OH 45231-4006 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation retired Aggregate Year-to-Date -> 250.00	Date (month, day, year) 05/31/2000	Amount of Each Receipt this Period 250.00
C. Full Name, Mailing Address and Zip Code Richard Oliver 8755 Camargo Club Dr. Cincinnati, OH 45243- Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Grandpa Brands Co. Occupation sales Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Mary Patterson 1111 Tahoe Terrace Cincinnati, OH 45238- Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self Occupation Medicine Aggregate Year-to-Date -> 100.00	Date (month, day, year) 05/10/2000	Amount of Each Receipt this Period 100.00
E. Full Name, Mailing Address and Zip Code Mary Patterson 1111 Tahoe Terrace Cincinnati, OH 45238- Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer self Occupation Medicine Aggregate Year-to-Date -> 225.00	Date (month, day, year) 06/08/2000	Amount of Each Receipt this Period 125.00
F. Full Name, Mailing Address and Zip Code Patrick Persone 159 Whitford Ave. Nutley, NJ 07110- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary	Name of Employer McCarter & English Occupation Attorney Aggregate Year-to-Date -> 500.00	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Steve Perry 412 First Street, SE Washington, DC 20003- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 02/03/2000	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	3,475.00
TOTAL This Period (last page this line number only)	