

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Friends of Phill dba Kline for Congress

A. Full Name, Mailing Address and Zip Code George F. Santamarina 13217 Knox Shawnee Mission, KS 66213-4676 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Applied Reasoning Occupation Consultant Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/26/2000	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and Zip Code Thomas Saul 10704 W 118th Ter Shawnee Mission, KS 66210- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary	Name of Employer Titan Construction Occupation Owner Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 07/15/2000	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Joia Scoville 9022 Mullen Rd Shawnee Mission, KS 66215- 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 -> \$400.00	Date (month, day, year) 09/20/2000	Amount of Each Receipt this Period \$200.00
D. Full Name, Mailing Address and Zip Code Kenneth A. Selzer 12504 Puera Vista Shawnee Mission, KS 66209- 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) 07/22/2000	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code Ted L. Sexton Jr 1225 S 3rd St Leavenworth, KS 66048- Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> \$250.00	Date (month, day, year) 09/19/2000	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and Zip Code Susan Sharp 11663 S Parkwood Dr Olathe, KS 66061- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary	Name of Employer Specialty Hospital of Midamer. Occupation Physical Therapist Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 07/13/2000	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Susan Sharp 11663 S Parkwood Dr Olathe, KS 66061- Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Specialty Hospital of Midamer. Occupation Physical Therapist Aggregate Year-to-Date -> \$2000.00	Date (month, day, year) 09/29/2000	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)	\$4200.00
TOTAL This Period (Last page this line number only)	