

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (In Full)
Barr-Congress

Full Name, Mailing Address and Zip Code Barry Moore 5654 River Oak Place, NW Atlanta, GA 30327-4259 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Kurt Salmon Associates Occupation Consultant Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 04/16/98	Amount of Each Receipt this Period \$1000.00
Full Name, Mailing Address and Zip Code Barry Moore 5654 River Oak Place, NW Atlanta, GA 30327-4259 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Kurt Salmon Associates Occupation Consultant Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 05/20/98 Redesignation of 4/16/98	Amount of Each Receipt this Period \$1000.00 MEMO
Full Name, Mailing Address and Zip Code Geri Moretz 401 Terrell Drive Cartersville, GA 30120- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Occupation Re-attribution from McCoy Aggregate Year-to-Date -> \$70.00	Date (month, day, year) 05/22/98	Amount of Each Receipt this Period \$70.00 MEMO
Full Name, Mailing Address and Zip Code McCoy L. Moretz, MD 401 Terrell Drive Cartersville, GA 30120- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Physician Aggregate Year-to-Date -> \$1070.00	Date (month, day, year) 05/19/98	Amount of Each Receipt this Period \$1070.00
Full Name, Mailing Address and Zip Code McCoy L. Moretz, MD 401 Terrell Drive Cartersville, GA 30120- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Physician Aggregate Year-to-Date -> \$1000.00	Date (month, day, year) 05/22/98 Re-attribution to Geri Moretz	Amount of Each Receipt this Period \$-70.00 MEMO
Full Name, Mailing Address and Zip Code Ed Noble P.O. Box 18651 Atlanta, GA 31126-0651 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Real Estate Aggregate Year-to-Date -> \$750.00	Date (month, day, year) 03/13/98	Amount of Each Receipt this Period \$750.00 MEMO
Full Name, Mailing Address and Zip Code Ed Noble P.O. Box 18651 Atlanta, GA 31126-0651 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self Occupation Real Estate Aggregate Year-to-Date -> \$750.00	Date (month, day, year) 05/16/98 Redesignation of 3/13/98.	Amount of Each Receipt this Period \$750.00 MEMO

SUBTOTAL of Receipts This Page (optional)

\$2070.00

TOTAL This Period (last page this line number only)