

SCHEDULE A

ITEMIZED RECEIPTS

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Contributions from Individuals/Persons

FOR LINE NUMBER
11(a)(1)

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NAME OF COMMITTEE (In Full) **Fletcher for Congress** **C00344159**

A. Full Name, Mailing Address and ZIP Code ROBERT D. LINDNER JR 4606 DRAKE ROAD CINCINNATI, OH 48248 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UNITED DAIRY FARMERS Occupation TREASURER Year-to-Date > \$1,000.00	Date 10-13-00	Amount this pd. \$1,000.00
B. Full Name, Mailing Address and ZIP Code K.C. CROBBIE 551 CHINOE ROAD LEXINGTON, KY 40502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer MERCK & CO Occupation SALES Year-to-Date > \$1,180.00	Date 10-13-00	Amount this pd. \$160.00
C. Full Name, Mailing Address and ZIP Code MARY L GARRISON 2084 VON LIST WAY LEXINGTON, KY 40502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ACCENT SYSTEMS Occupation ACCOUNTS PAYABLE CLERK Year-to-Date > \$260.00	Date 10-13-00	Amount this pd. \$60.00
D. Full Name, Mailing Address and ZIP Code ROBERT ADDINGTON 1287 SHEFFIELD PLACE LEXINGTON, KY 40508 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer AEI RESOURCES Occupation MINING Year-to-Date > \$1,000.00	Date 10-13-00	Amount this pd. \$1,000.00
E. Full Name, Mailing Address and ZIP Code CATHLEEN L. ROONEY 8880 JULES LANE INDIANAPOLIS, IN 46278 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GOLDEN RULE INSURANCE Occupation EXECUTIVE Year-to-Date > \$1,000.00	Date 10-13-00	Amount this pd. \$1,000.00
F. Full Name, Mailing Address and ZIP Code RICK E. MOYER 8880 JULES LANE INDIANAPOLIS, IN 46278 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GOLDEN RULE INSURANCE Occupation EXECUTIVE Year-to-Date > \$1,000.00	Date 10-13-00	Amount this pd. \$1,000.00
G. Full Name, Mailing Address and ZIP Code PATRICK F. CARR 10822 BRIGANTINE DRIVE INDIANAPOLIS, IN 46286 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer GOLDEN RULE INSURANCE Occupation EXECUTIVE Year-to-Date > \$1,000.00	Date 10-13-00	Amount this pd. \$1,000.00
SUBTOTAL of Receipts This Page (optional) >			\$5,200.00
TOTAL This Period (last page this line number only) >			*****