

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a (1)

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NAME OF COMMITTEE (in Full)

Countdown to Majority 000285387

1
2
3
4
5
6
7
8
9
0

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Henderson 2817 Tupelo Court Longwood, FL 32779-3007	Poe & Brown	02/17/94	\$300
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. Vice President		
	Aggregate Year-to-Date	> \$ 300	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Hill 8 Moss Point Drive Ormond Beach, FL 32714	Poe & Brown	02/17/94	\$350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec. Vice President		
	Aggregate Year-to-Date	> \$ 350	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J. Hyatt Brown P.O. Drawer 1712 Daytona Beach, FL 32115	Poe & Brown	02/17/94	\$350
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO		
	Aggregate Year-to-Date	> \$ 350	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Jasmund 916 Seville Place Orlando, FL 32804	Executive Risk Consultants	02/23/94	\$1,000
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date	> \$ 1,000	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James R. Kuykendall, Jr. P.O. Box 3711 Orlando, FL 32802	Kuykendall Insurance Agency, Incorp.	02/15/94	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President		
	Aggregate Year-to-Date	> \$ 200	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
J.M. Kuykendall 823 Nicoma Trail Maitland, FL 32751	Kuykendall Insurance Agency, Incorp.	02/15/94	\$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date	> \$ 200	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date	> \$	

SUB TOTAL of Receipts This Page (optional)	\$2,400
TOTAL This Period (last page this line number only)	\$19,650