

**SCHEDULE A**

**ITEMIZED RECEIPTS**

How many schedules (a) for each category of the Included Receipt Page	PAGE	OF
	21	40
FOR LINE NUMBER		
11(a)(i)		

Any information supplied from such reports and statements may not be sold or used by any person for the purpose of obtaining contributions or for commercial purposes, other than using the name and address of any individual entitled to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code Longdon & Emison 911 Main Street  Lexington, MO 64067- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Partnership Attribution Listed Individually Occupation Aggregate Year-to-Date ->	Date (month, day, year) 12/13/1999  \$1000.00	Amount of Each Receipt this Period \$1000.00
B. Full Name, Mailing Address and Zip Code Robert J. Leonard 1150 17th Street, N.W. Suite 601 Washington, DC 20036- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Washington Counsel, P.C. Occupation Attorney Aggregate Year-to-Date ->	Date (month, day, year) 07/29/1999  \$1000.00	Amount of Each Receipt this Period \$1000.00
C. Full Name, Mailing Address and Zip Code Alan M. Leventhal One Federal Street, 26th Floor  Boston, MA 02110- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Beacon Companies Occupation Partner Aggregate Year-to-Date ->	Date (month, day, year) 09/10/1999  \$1000.00	Amount of Each Receipt this Period \$1000.00
D. Full Name, Mailing Address and Zip Code Alan M. Leventhal One Federal Street, 26th Floor  Boston, MA 02110- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Beacon Companies Occupation Partner Aggregate Year-to-Date ->	Date (month, day, year) 09/10/1999  \$2000.00	Amount of Each Receipt this Period \$1000.00
E. Full Name, Mailing Address and Zip Code Norman B. Leventhal 12 Palmdale Dr.  Palm Beach, FL 33480- Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Beacon Capital partners Occupation Owner Aggregate Year-to-Date ->	Date (month, day, year) 11/23/1999  \$1000.00	Amount of Each Receipt this Period \$1000.00
F. Full Name, Mailing Address and Zip Code Norman B. Leventhal 12 Palmdale Dr.  Palm Beach, FL 33480- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Beacon Capital partners Occupation Owner Aggregate Year-to-Date ->	Date (month, day, year) 11/23/1999  \$2000.00	Amount of Each Receipt this Period \$1000.00
G. Full Name, Mailing Address and Zip Code Michael E. Levin 1447 Cedar Row  Lakewood, NJ 08701- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Levin, Shea, Pfeiffer & Topas Occupation Attorney Aggregate Year-to-Date ->	Date (month, day, year) 08/10/1999  \$1000.00	Amount of Each Receipt this Period \$1000.00

SUBTOTAL of Receipts This Page (optional)	\$7000.00
TOTAL This Period (last page this line number only)	