

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
Nevada Republican State Central Committee

<p>A. Full Name, Mailing Address and Zip Code Kenneth Sparks 2750 Darby Falls Las Vegas, NV 89134-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer International Insurance Svc Occupation Owner</p>	<p>Date (month, day, year) 11/11/2000 Reattribution of 11/8/00</p>	<p>Amount of Each Receipt this Period 75.00 MEMO</p>
<p>B. Full Name, Mailing Address and Zip Code Jack Staten PO Box 6630 Incline Village, NV 89450-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information requested Occupation Information requested</p>	<p>Date (month, day, year) 10/23/2000</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Gary Sulik 2463 Ping Dr Henderson, NV 89014-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Pioneers America Inc Occupation President</p>	<p>Date (month, day, year) 10/23/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and Zip Code Melania Taylor PO Box 1715 Crystal Bay, NV 89402-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Information requested Occupation Information requested</p>	<p>Date (month, day, year) 10/26/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and Zip Code Barbara Vucanovich 3555 Tamarisk Dr Reno, NV 89502-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired Occupation Retired</p>	<p>Date (month, day, year) 10/21/2000</p>	<p>Amount of Each Receipt this Period 100.00</p>
<p>F. Full Name, Mailing Address and Zip Code Walter Webb PO Box 30422 North Las Vegas, NV 89036-</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired Occupation Retired</p>	<p>Date (month, day, year) 10/21/2000</p>	<p>Amount of Each Receipt this Period 25.00</p>
<p>G. Full Name, Mailing Address and Zip Code James Webster 165 W Liberty Str Reno, NV 89501-1</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Gabelli & Co Occupation Chairman</p>	<p>Date (month, day, year) 10/26/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>3,625.00</p>
<p>TOTAL This Period (last page this line number only)</p>	