

SCHEDULE A

ITEMIZED RECEIPTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for campaign purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JOHN SHADEGG FOR CONGRESS

A. Full Name, Mailing Address and Zip Code Mr. W. David Thompson 1302 E Treasure Cove Dr Gilbert, AZ 85234-2655	Name of Employer Astro Spectrum Occupation Business Owner	Date (month, day, year) 05/09/2000	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
B. Full Name, Mailing Address and Zip Code Mr. Robert Wadsworth 6732 E Paradise Dr Paradise Valley, AZ 85253-1949	Name of Employer Investment Co. Adm. Corp. Occupation Executive	Date (month, day, year) 06/15/2000	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
C. Full Name, Mailing Address and Zip Code Mr. W. David Weiner 2910 E Camelback Rd Ste 210 Phoenix, AZ 85016-4407	Name of Employer Weiner Insurance Occupation Insurance	Date (month, day, year) 06/19/2000	Amount of Each Receipt this Period \$750.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$750.00		
D. Full Name, Mailing Address and Zip Code Mr. Daryl K. Williams 3715 E Mission Ln Phoenix, AZ 85028-5000	Name of Employer Baird, Williams, Davis & Smith Occupation Attorney	Date (month, day, year) 06/16/2000	Amount of Each Receipt this Period \$300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$300.00		
E. Full Name, Mailing Address and Zip Code Mrs. Laura Williams 5816 E Calle Del Medio Phoenix, AZ 85018-4668	Name of Employer N/A Occupation Homemaker	Date (month, day, year) 06/30/2000	Amount of Each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		
F. Full Name, Mailing Address and Zip Code Dr. Delwyn J. Worthington 5931 E Arcadia Ln Phoenix, AZ 85018	Name of Employer Self Occupation Physician	Date (month, day, year) 04/25/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		
G. Full Name, Mailing Address and Zip Code Dr. Delwyn J. Worthington 5931 E Arcadia Ln Phoenix, AZ 85018	Name of Employer Self Occupation Physician	Date (month, day, year) 06/06/2000	Amount of Each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		

SUBTOTAL of Receipts This Page (optional)	\$5050.00
TOTAL This Period (last page this line number only)	