

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 9
FOR LINE NUMBER 11 (a) (i)

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NAME OF COMMITTEE (in Full)

COMMITTEE TO ELECT JACK ROSS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bob Thomas 6869 North Mingo Valley Expwy. Owasso, OK 74055	U-Name-It Trailers	4/01/90	\$616.00 In-kind rec'd (trailer rental)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 616.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregg M. Thompson 12802 E. 31st #H Tulsa, OK 74146	Katy Drilling Corp.	4/03/90	\$544.63 In-kind rec'd (phone usage)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President	Aggregate Year-to-Date > \$ 544.63	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Theo Silas 2400 Terrace Drive Bartlesville, OK 74006		5/21/90	\$1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Limon Route 2, Box 537 Wagoner, OK 74467	Limon Farms	6/01/90	\$ 226.00 In-kind rec'd (postage)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Co-Owner	Aggregate Year-to-Date > \$ 726.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leona Limon Route 2, Box 537 Wagoner, OK 74467	Ross Nursing Homes	6/01/90	\$ 170.10 In-kind rec'd (postage, office supplies)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner/Administrator	Aggregate Year-to-Date > \$ 670.10	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jim Beavers 5306 E. Princeton Broken Arrow, OK 74014	Broken Arrow Insurance	4/09/90 4/30/90 4/27/90 6/12/90	\$ 40.00 In-kind 95.54 rec'd 112.22 50.00 (postage, framing office supplies, l.d. phone)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance Agent	Aggregate Year-to-Date > \$ 597.76	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Schutte 8300 South Third Broken Arrow, OK 74011	Broken Arrow Insurance	4/30/90 6/02/90 6/12/90	\$ 95.55 In-kind 50.00 50.00 rec'd (postage, office supplies, l.d. phone)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance agent	Aggregate Year-to-Date > \$ 495.55	

SUBTOTAL of Receipts This Page (optional)	\$3,050.04
TOTAL This Period (last page this line number only)	

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