

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)

Roth Senate Committee

<p>A. Full Name, Mailing Address and Zip Code Randall Goss 10210 North Central Expressway Dallas, TX 75231-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer U.S. Risk Insurance Group Occupation Insurance</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 08/18/2000</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Margaret M. Grant 1313 North Ritchie Court, 2704 Chicago, IL 60610-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer CGLG Occupation Consultant</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 08/18/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and Zip Code Ann Lee Gray R.D. 1, Box 132 Salbyville, DE 19973</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired Occupation</p> <p>Aggregate Year-to-Date -> 350.00</p>	<p>Date (month, day, year) 07/12/2000</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>D. Full Name, Mailing Address and Zip Code Priscilla J. Green 415 Kings Highway Milford, DE 19963</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self employed Occupation</p> <p>Aggregate Year-to-Date -> 400.00</p>	<p>Date (month, day, year) 07/12/2000</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>E. Full Name, Mailing Address and Zip Code Sam N. Gregorio 1540 Irving Place Shreveport, LA 71101-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self-employed Occupation Attorney</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 07/28/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code William Grier 312 Lakelawn Drive Milford, DE 19963</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Retired Occupation</p> <p>Aggregate Year-to-Date -> 300.00</p>	<p>Date (month, day, year) 07/06/2000</p>	<p>Amount of Each Receipt this Period 150.00</p>
<p>G. Full Name, Mailing Address and Zip Code Carol C. Grundfest 1700 Webster Street Palo Alto, CA 94301-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Financial Engines Occupation Executive</p> <p>Aggregate Year-to-Date -> 500.00</p>	<p>Date (month, day, year) 08/08/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>

SUBTOTAL of Receipts This Page (optional)

2,650.00

TOTAL This Period (last page this line number only)