

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)
Empire Majority Leadership Fund

A. Full Name, Mailing Address and Zip Code Richard Davis 1630 Courtland Rd. Alexandria, VA 22306	Name of Employer Davis, Manfort, and Friedman	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 1,000.00
	Occupation Principal	Aggregate Year-to-date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Deborah Hohlt 209 Princess St. Alexandria, VA 22314	Name of Employer Ely, Lily and Company	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 500.00
	Occupation Consultant	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code Richard Hohlt 209 Princess St Alexandria, VA 22314	Name of Employer Hohlt and Associates	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 500.00
	Occupation Principal	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Raymond McGuire 329 E. Capitol Street SE Washington, DC 20003	Name of Employer Retired	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 250.00
	Occupation Retired	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Joseph Stanton 1411 Mayhurst Blvd. McLean, VA 22102	Name of Employer Beer Institute	Date (Month day, Year) 10/03/97	Amount of Each Receipt this Period 500.00
	Occupation Government Affairs, Beer Institute	Aggregate Year-to-date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Raymond McGrath 122 C Street NW Suite 750 Washington, DC 20001-2109	Name of Employer Beer Institute	Date (Month day, Year) 10/10/97	Amount of Each Receipt this Period 1,000.00
	Occupation President	Aggregate Year-to-date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	3,750.00
TOTAL this Period (Last page this line number only).....>	3,750.00