

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 commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

A. Full Name, Mailing Address and Zip Code Thomas V Arneson 109 W Lincoln Ave PO Box 464 Fergus Falls, MN 56537-0464	Name of Employer Arneson Agency	Date (Month day, Year) 02/07/97	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Insurance Agency Owner/Principal		300.00
B. Full Name, Mailing Address and Zip Code Stephen E Watkins Jr PO Box 360 South Hill, VA 23970-0360	Name of Employer Watkins Insurance Agency Inc	Date (Month day, Year) 02/07/97	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Insurance Agency Owner/Principal		250.00
C. Full Name, Mailing Address and Zip Code Gary R Mayo PO Box 66 Hanover, NH 03755-0066	Name of Employer A B Gile Inc	Date (Month day, Year) 02/10/97	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Insurance Agency Owner/Principal		100.00
D. Full Name, Mailing Address and Zip Code Wanda Gagnon 261 Sheep Davis Rd #D Concord, NH 03301-5750	Name of Employer PIA of NE-NH-VT	Date (Month day, Year) 02/10/97	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Insurance Agency Owner/Principal		200.00
E. Full Name, Mailing Address and Zip Code Ernest Houston 19 Shawnee Avenue PO Box 1832 Zanesville, OH 43702-1832	Name of Employer Houston Ins Agcy Inc	Date (Month day, Year) 02/20/97	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Insurance Agency Owner/Principal		250.00
F. Full Name, Mailing Address and Zip Code Edward B Effrein 2001 Spring Rd Oak Brook, IL 60521-1877	Name of Employer Astro National Inc	Date (Month day, Year) 02/21/97	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Insurance Agency Owner/Principal		250.00
G. Full Name, Mailing Address and Zip Code Robert J Rappa PO Box K Franklin, MA 02038-0820	Name of Employer Thomas F Keefo Ins Agcy Inc	Date (Month day, Year) 02/21/97	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Insurance Agency Owner/Principal		250.00
SUB TOTAL of Receipts This Page (Optional)>			1,600.00
TOTAL this Period (Last page this line number only)>			