

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)
American Renewal PAC

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Allen 4406 Oxford Way Norman, OK 73072- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PAC 2000	Country Leisure Mfg. Occupation Owner	10/13/2000	250.00
Aggregate Year-to-Date ->		250.00	
B. Full Name, Mailing Address and Zip Code Dane Anderson 401 Wilshire Blvd., Suite 700 Santa Monica, CA 90401- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PAC 2000	The Macerich Company Occupation Vice Chairman of the Board	10/05/2000 *Redesignation Requested	500.00
Aggregate Year-to-Date ->		5,500.00	
C. Full Name, Mailing Address and Zip Code George Angle 125 N. Market, Ste. 1720 Wichita, KS 67202- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PAC 2000	Self Occupation Oil & Gas	10/05/2000	500.00
Aggregate Year-to-Date ->		500.00	
D. Full Name, Mailing Address and Zip Code Mary Bisette P.O. Box 235 Tyner, NC 27980- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PAC 2000	Retired	10/05/2000	50.00
Aggregate Year-to-Date ->		375.00	
E. Full Name, Mailing Address and Zip Code Doyce A. Boesch 4515 W St., NW Washington, DC 20007- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PAC 2000	Info Requested Occupation Info Requested	10/13/2000	250.00
Aggregate Year-to-Date ->		250.00	
F. Full Name, Mailing Address and Zip Code Gregory J. Boyajian 4384 Geisler Ct. Bloomfield Hills, MI 48301- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Primary	Son Medical Equipment Occupation Owner	10/02/2000	250.00
Aggregate Year-to-Date ->		250.00	
G. Full Name, Mailing Address and Zip Code Roman Brooks 10608 Bucknell Drive Silver Spring, MD 20902- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PAC 2000	Retired	10/02/2000	500.00
Aggregate Year-to-Date ->		700.00	

SUBTOTAL of Receipts This Page (optional)	2,300.00
TOTAL This Period (last page this line number only)	