

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the detailed Summary Page

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NAME OF COMMITTEE (In Full) Majority Leader's Fund			
A. Full Name, Mailing Address and Zip Code Mr. Theodore G. Hines Erie, PA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Occupation Aggregate Year-to-Date ->	Date (month, day, year) 06/11/99 \$250.00	Amount of Each Receipt this Period \$250.00
B. Full Name, Mailing Address and Zip Code Mrs. Henry Hitchcock 6315 East Miramar Tucson, AZ 85715- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Retired Occupation Aggregate Year-to-Date ->	Date (month, day, year) 03/05/99 \$250.00	Amount of Each Receipt this Period \$250.00
C. Full Name, Mailing Address and Zip Code Mr. and Mrs. W. Roy Hogan, Jr. 2408 Marika Circle Wichita Falls, TX 76308- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Self-employed Occupation Petroleum Geologist Aggregate Year-to-Date ->	Date (month, day, year) 02/25/99 \$100.00	Amount of Each Receipt this Period \$100.00
D. Full Name, Mailing Address and Zip Code Mr. and Mrs. W. Roy Hogan, Jr. 2408 Marika Circle Wichita Falls, TX 76308- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Self-employed Occupation Petroleum Geologist Aggregate Year-to-Date ->	Date (month, day, year) 05/13/99 \$600.00	Amount of Each Receipt this Period \$500.00
E. Full Name, Mailing Address and Zip Code Dr. and Mrs. David P. Holder 2701 Shoal Creek Circle Plano, TX 75093- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Self-employed Occupation Physician Aggregate Year-to-Date ->	Date (month, day, year) 06/30/99 \$250.00	Amount of Each Receipt this Period \$250.00
F. Full Name, Mailing Address and Zip Code Mr. and Mrs. Robert G. Holman 310 Jasmine Street Denver, CO 80022- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Self employed & Baylor Health Occupation Investor Aggregate Year-to-Date ->	Date (month, day, year) 04/29/99 \$500.00	Amount of Each Receipt this Period \$500.00
G. Full Name, Mailing Address and Zip Code Mr. and Mrs. Charles W. Homer 1050 North Point, #1807 San Francisco, CA 94109- Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Requested Retired Occupation Aggregate Year-to-Date ->	Date (month, day, year) 02/12/99 \$500.00	Amount of Each Receipt this Period \$500.00

SUBTOTAL of Receipts This Page (optional)	\$2350.00
TOTAL This Period (last page this line number only)	