REPORT OF RECEIPTS AND DISBURSEMENTS

Committee

C00287367 060499
MR ABRAM J SEROTTA
NORWOOD FOR CONGRESS
P O BOX 499
EVANS GA 30809 orted.

RICT

Evans, GA 30809 GA 10

FEDERAL ELECTION COMMISSION MAIL ROOM

2. FEC IDENTIFICATION NUMBER
C00287367 Aug 2 2 52 PM '99

3. IS THIS REPORT AN AMENDMENT?
☐ YES ☒ NO

4. TYPE OF REPORT

☐ April 15 Quarterly Report
☒ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid-Year Report (Non-election Year Only)
☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
☐ Thirtieth day report following the General Election on _____ in the State of _____
☐ Termination Report

This report contains activity for ☒ Primary Election ☐ General Election ☐ Special Election ☐ Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-date
5.	Covering Period 01/01/1999 through 06/30/1999		
6.	Net Contributions (other than loans)		
	(a) Total Contributions(other than loans) (from Line 11(a))	237,178.16	237,178.16
	(b) Total Contribution Refunds (From Line 20(d))		
	(c) Net Contributions (other than loans)(subtract Line 6(b) from 6(a))	237,178.16	237,178.16
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	122,173.04	122,173.04
	(b) Total Offsets to Operating Expenditures (from Line 14)	1,491.12	1,491.12
	(c) Net Operating Expenditures (Subtract Line 7(b) from 7(a))	120,681.92	120,681.92
8.	Cash on Hand at Close of Reporting Period (from Line 27)	333,225.92	
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
Abram Serotta

Signature of Treasurer

Date 28 Jul 99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to penalties of 2 U.S.C. §437g.

FEC FORM 3
(Revised 4/87)

Detailed Summary Page

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
Norwood for Congress	From: 01/01/1999	To: 06/30/1999

I. RECEIPTS	Column A Total This Period	Column B Calendar Year-To-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (Use Schedule A)	84,930.00	
(ii) Unitemized	29,812.00	
(iii) Total of contributions from individual	114,742.00	114,742.00
(b) Political Party Committees	110.36	110.36
(c) Other Political Committees (such as PACs)	122,325.80	122,325.80
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans)(add 11(a)(iii), (b), (c) and (d))	237,178.16	237,178.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1,491.12	1,491.12
15. OTHER RECEIPTS (Dividends, Interest, etc.)	8,386.45	8,386.45
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	247,055.73	247,055.73
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	122,173.04	122,173.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		
21. OTHER DISBURSEMENTS	800.00	800.00
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	122,973.04	122,973.04

III. CASH SUMMARY	
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	209,143.23
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	247,055.73
25. SUBTOTAL (add Line 23 and Line 24)	456,198.96
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 16)	122,973.04
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	333,225.92

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Robert Symms 1019 Magnolia Drive Augusta,GA 30904-5921 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Fitz/Symms Photography Occupation: Owner Aggregate Year-to-Date -> 1,000.00	05/13/1999	1,000.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Hans Burg 705 Woodgate Court Augusta,GA 30909 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self-Employed Occupation: Endodontist Aggregate Year-to-Date -> 1,000.00	06/01/1999	1,000.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Walter Stinson 2087 Starfire Drive, NE Atlanta,GA 30345-3961 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Occupation: Dentist Aggregate Year-to-Date -> 250.00	06/09/1999	250.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jack Carter 3534 Pebble Beach Drive Augusta,GA 30907-9520 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired Occupation: Orthodontist Aggregate Year-to-Date -> 150.00	03/02/1999	150.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Jack Carter 3534 Pebble Beach Drive Augusta,GA 30907-9520 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired Occupation: Orthodontist Aggregate Year-to-Date -> 250.00	06/01/1999	100.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Patricia Palmer 3553 Wheeler Road Augusta,GA 30909-6500 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Occupation: Dentist Aggregate Year-to-Date -> 500.00	02/05/1999	500.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer / Occupation**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Patricia Palmer 3553 Wheeler Road Augusta,GA 30909-6500 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Self Occupation: Dentist Aggregate Year-to-Date -> 550.00	03/11/1999	50.00

SUBTOTAL of Receipts This Page (optional)	3,050.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code Patricia Palmer 3553 Wheeler Road Augusta,GA 30909-6500 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self Occupation Dentist Aggregate Year-to-Date -> 650.00	Date (month, day, year) 04/26/1999	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and Zip Code Patricia Palmer 3553 Wheeler Road Augusta,GA 30909-6500 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self Occupation Dentist Aggregate Year-to-Date -> 850.00	Date (month, day, year) 06/09/1999	Amount of Each Receipt this Period 200.00
C. Full Name, Mailing Address and Zip Code Sandra Freedman 7 Retreat Road Augusta,GA 30909-1837 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Medical College of Georgia Occupation Radiologist Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 05/13/1999	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code David Dickey 3736 Walton Way Ext. Augusta,GA 30907- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Augusta Assoc. Of Endodontics Occupation Endodontics Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 05/19/1999	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Gordon Austin 819 Dixie Street Carrollton,GA 30117-4415 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self Occupation Oral/maxillof.surgery Aggregate Year-to-Date -> 250.00	Date (month, day, year) 02/25/1999	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and Zip Code Gordon Austin 819 Dixie Street Carrollton,GA 30117-4415 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self Occupation Oral/maxillof.surgery Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/09/1999	Amount of Each Receipt this Period 250.00
G. Full Name, Mailing Address and Zip Code Jerry Capps 3273 Wood Valley Road NW Atlanta,GA 30327-1513 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self Occupation Dentist Aggregate Year-to-Date -> 200.00	Date (month, day, year) 06/23/1999	Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Suhayl Rafeedie 260 Landfall Road NW Atlanta,GA 30328-	Self-Employed	06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Dentist	Aggregate Year-to-Date ->	500.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Riggans 5070 Hidden Branches Drive Dunwoody,GA 30338-	Self	06/23/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Endodontist	Aggregate Year-to-Date ->	250.00

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Vola 409 E Jackson St Thomasville,GA 31792-4615	Self	06/23/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Pediatric Dentist	Aggregate Year-to-Date ->	200.00

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh Pratt 305 Burys Ferry Road Martinez,GA 30907-3001	Pratt/Dudley Builders Supply	05/27/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Co-Owner	Aggregate Year-to-Date ->	1,000.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leon Aronson Post Office Box 2845 Tybee Island,GA 31328-2845	Self-Employed	06/16/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Orthodontist	Aggregate Year-to-Date ->	1,000.00

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Murray 22 Blossom Hill Road Winchester,MA 01890-3455	Self	06/23/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Dentist	Aggregate Year-to-Date ->	200.00

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Kapin 30 Boston Post Road Wayland,MA 01778-2400	Self	03/02/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Dentist	Aggregate Year-to-Date ->	100.00

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A -- ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Kapin 30 Boston Post Road Wayland,MA 01778-2400	Self	06/23/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Dentist	Aggregate Year-to-Date ->	200.00
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Johnson 110 Huntcliff Point Atlanta,GA 30350-	Self	05/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Dentist	Aggregate Year-to-Date ->	1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Kitchens 2223 Pickens Road Augusta,GA 30904-4462	Cardiothoracic Surgical Assoc.	05/19/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Thoracic Surgeon	Aggregate Year-to-Date ->	1,000.00
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Monty Osteen Post Office Box 726 Augusta,GA 30903-	Bankers First	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Chairman/CEO	Aggregate Year-to-Date ->	1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Sherrill 2510 Willow Ridge Drive Augusta,GA 30909-	Norwell Fixture & Equipment Co	05/06/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: President	Aggregate Year-to-Date ->	1,000.00
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glen Owen 1314 Comfort Road Augusta,GA 30909-3096	Self-Employed	05/20/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: OB/GYN	Aggregate Year-to-Date ->	250.00
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stacy Story 2231 Cumming Road Augusta,GA 30904-4335	Self	05/24/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Anesthesiologist	Aggregate Year-to-Date ->	250.00

SUBTOTAL of Receipts This Page (optional)	4,600.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Richard Melcher 3594 Pebble Beach Drive Augusta, GA 30907-9520 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Tri-County Medical Physician Aggregate Year-to-Date -> 250.00	01/28/1999	250.00
B. Richard Melcher 3594 Pebble Beach Drive Augusta, GA 30907-9520 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Tri-County Medical Physician Aggregate Year-to-Date -> 500.00	04/05/1999	250.00
C. Richard Melcher 3594 Pebble Beach Drive Augusta, GA 30907-9520 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Tri-County Medical Physician Aggregate Year-to-Date -> 750.00	06/10/1999	250.00
D. Carl Knobloch 3000 Teton Pines Drive, D-1 Wilson, WY 83014-9617 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Retired Occupation Aggregate Year-to-Date -> 1,000.00	05/19/1999	1,000.00
E. Wallace McLeod 3234 Skinner Mill Road Augusta, GA 30909-1970 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Eye Physicians & Surgeons Ophthalmologist Aggregate Year-to-Date -> 1,000.00	05/13/1999	1,000.00
F. Michael Hagler 2815 Lombardy Court Augusta, GA 30909-3901 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Fulcher, Hagler, Reed, Banks Attorney Aggregate Year-to-Date -> 250.00	03/16/1999	250.00
G. Michael Hagler 2815 Lombardy Court Augusta, GA 30909-3901 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Fulcher, Hagler, Reed, Banks Attorney Aggregate Year-to-Date -> 500.00	06/16/1999	250.00

SUBTOTAL of Receipts This Page (optional)	3,250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pierce Merry 610 Scotts Way Augusta,GA 30909-3240	Occupation: Retired	06/09/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer: Simkins Land Company	Date (month, day, year)	Amount of Each Receipt this Period
LeRoy Simkins 7 Indian Creek Road Augusta,GA 30909-3748	Occupation: President	06/01/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer: SunTrust	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Tyson 2403 William Street Augusta,GA 30904-6127	Occupation: Trust Officer	06/09/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer: Self	Date (month, day, year)	Amount of Each Receipt this Period
Vencie Hooks 2240 Cumming Road Augusta,GA 30904-6901	Occupation: Physician	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer: University Associates	Date (month, day, year)	Amount of Each Receipt this Period
Sykes Trieb 160 Doe Run Athens,GA 30605-4102	Occupation: Owner	02/25/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer: University Associates	Date (month, day, year)	Amount of Each Receipt this Period
Sykes Trieb 160 Doe Run Athens,GA 30605-4102	Occupation: Owner	05/13/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	400.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer: Columbia Augusta Medical Ctr	Date (month, day, year)	Amount of Each Receipt this Period
Harold Nelson 730 Ravenal Rd Augusta,GA 30909-4524	Occupation: Physician	05/19/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	3,350.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Raynie 918 Littleton Street Augusta,GA 30904-6122	SigCox, Inc.	06/01/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: President & CEO	Aggregate Year-to-Date -> 1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Eubank 6432 Ridge Road Appling,GA 30802-9546	Self	05/05/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Real Estate Developer	Aggregate Year-to-Date -> 100.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Eubank 6432 Ridge Road Appling,GA 30802-9546	Self	06/01/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Real Estate Developer	Aggregate Year-to-Date -> 200.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terrence Cook 10 Summerville Lane Augusta,GA 30909	Self	06/01/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Physician	Aggregate Year-to-Date -> 1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Murray 240 S Cayuga Road Williamsville,NY 14221-6708	Self Employed	03/05/1999	275.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Dentist	Aggregate Year-to-Date -> 275.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harinderjit Singh 3699 Inverness Way Augusta,GA 30907-9027	Southeast Retina Center, P.C.	06/16/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Physician	Aggregate Year-to-Date -> 250.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Stuntz 754 McClure Drive Augusta,GA 30909		06/09/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Retired	Aggregate Year-to-Date -> 200.00	

SUBTOTAL of Receipts This Page (optional)	2,925.00

SCHEDULE A ITEMIZED RECEIPTS

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Sewrie 3635 Kings Road Chattenooga,TN 37416-2012	Self	06/30/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Orthodontist	Aggregate Year-to-Date -> 1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Rogers 3214 Candace Drive Augusta,GA 30909-3259	Self	05/06/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Orthodontist	Aggregate Year-to-Date -> 1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sarita Sharma 3554 Westlake Drive Martinez,GA 30907-8930	Ga Regional Hospital	06/10/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Physician	Aggregate Year-to-Date -> 200.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Sprague 3559 Sellerive Circle Martinez,GA 30907-9050	Medical College of Georgia	06/16/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Nurse	Aggregate Year-to-Date -> 1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Davis 3553 Sellerive Circle Martinez,GA 30907-9050	Self	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Radiologist	Aggregate Year-to-Date -> 1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe Pond 555 Blanchard Road Evans,GA 30809	A.P. Beverage	06/09/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Manager	Aggregate Year-to-Date -> 1,000.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jerry Howington 2312 Walton Way Augusta,GA 30904-6124	Self Employed	06/01/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Physician	Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)	6,200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Richards 1418 Ashwood Drive Evans,GA 30809-8720	Self Occupation: Physician	06/01/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Woodrow Parker 210 Kestwick Drive, West Martinez,GA 30907-1685	Occupation: Retired	06/29/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Rhoades 4485 Columbia Road Martinez,GA 30907-4255	Self Occupation: Physician	06/23/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roger Swingle 580 Westview Drive Athens,GA 30606-4640	Retired Occupation: Physician	06/10/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	100.00	
E. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Roger Swingle 580 Westview Drive Athens,GA 30606-4640	Retired Occupation: Physician	06/17/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	
F. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Clayton Boardman 15 Highgate West Augusta,GA 30909	Boardman Petroleum Oil Occupation: Chairman of Bd.	06/17/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Richard Norberg 9 Cottage Avenue Winchester,MA 01890-2620	Self Occupation: Dentist	06/23/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

SUBTOTAL of Receipts This Page (optional)	4,450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ed Noble PO Box 19651 Atlanta,GA 30326-	Self Real Estate Developer	02/19/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ed Noble PO Box 19651 Atlanta,GA 30326-	Self Real Estate Developer	03/16/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Ed Noble PO Box 19651 Atlanta,GA 30326-	Self Real Estate Developer	04/26/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	600.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
David Thompson PO Box 49 Monroe,GA 30655-0049	Self Investor	06/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Fitch 1000 Whiskey Road Aiken,SC 29803-	Self Physician	01/15/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Margaret Fitch 1000 Whiskey Road Aiken,SC 29803-	Self Physician	06/16/1999	25.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	525.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Susan Conger 3029 Pine Needle Road Augusta,GA 30909-3047	Computer Training Services Consultant	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	2,625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Poston Post Office Box 185 Thomson,GA 30824-0185	Thomson Roofing & Metal Co.	05/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Owner	Aggregate Year-to-Date -> 1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Winburn Stewart Post Office Box 3789 Macon,GA 31205-3789	Bibb Distributing Company	05/20/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: President	Aggregate Year-to-Date -> 1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Thiele PO Box 1056 Sandersville,GA 31082-	Thiele Kaolin Co.	05/19/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Executive	Aggregate Year-to-Date -> 1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Geraldine Ferris 475 Maitland Ave. Altamonte Spg,FL 32701-	Self	03/25/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Periodontist	Aggregate Year-to-Date -> 200.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Ferris 475 Maitland Avenue Altamonte Springs,FL 32701-5444	Self	06/23/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Dentist	Aggregate Year-to-Date -> 250.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leon Leonard 1712 Hodges Circle Mansfield,GA 30255-2605		06/16/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Retired Dentist	Aggregate Year-to-Date -> 200.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Smith 6924 Seven Locks Rd Cabin John,MD 20818-	Alltel	06/23/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Sales	Aggregate Year-to-Date -> 200.00	

SUBTOTAL of Receipts This Page (optional)	3,850.00
TOTAL This Period (last page this line number only)	

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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Marian Conger 2635 Walton Way Augusta,GA 30909-	Homemaker	04/01/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel McAvoy 1339 Fairway Drive Elberton,GA 30635-	Self Employed / Doctor	02/12/1999	150.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	150.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Daniel McAvoy 1339 Fairway Drive Elberton,GA 30635-	Self Employed / Doctor	06/30/1999	50.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Albert Minish PO Box 8 Commerce,GA 30529-	Self Employed / Real Estate	06/09/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Green 3822 Inverness Way Martinez,GA 30907-	University Hospital / Physician	01/26/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	100.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Green 3822 Inverness Way Martinez,GA 30907-	University Hospital / Physician	02/25/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Green 3822 Inverness Way Martinez,GA 30907-	University Hospital / Physician	04/05/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	300.00	

SUBTOTAL of Receipts This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Green 3822 Inverness Way Martinez,GA 30907-	University Hospital Physician	04/27/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		400.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Green 3822 Inverness Way Martinez,GA 30907-	University Hospital Physician	05/26/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		500.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles Green 3822 Inverness Way Martinez,GA 30907-	University Hospital Physician	06/29/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		600.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Burke 100 Canterbury Road Dublin,GA 31021-	Southeastern Paper President & CEO	06/09/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Locke The Smith-Free Group 1401 K Street, NW Suite 1200 Washington,DC 20005-1209	Smith-Free Group Senior Vice President	03/25/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		200.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kile Kinney 1515 Laney Walker Blvd Augusta,GA 30904-	The Foot and Ankle Group Podiatrist	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Clyde Evans 3 Creekwood Drive Dublin,GA 31021-	Evans Cabinet Corp. Owner	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Quentin Price 1703 Greystone Road Dublin,GA 31021	Retired Occupation: Physician	06/01/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
B.H. Hall Dublin Construction Co. PO Box 970 Dublin,GA 31021	Dublin Construction Co., Inc Occupation: Owner	03/16/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Hardman 133 Tanglewood Drive Athens,GA 30606-3854	Self Occupation: Physician	03/16/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James O'Quinn 3651 Wheeler Road Augusta,GA 30909-2406	Augusta Regional Med. Ctr. Occupation: Physician	05/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sibley Bryan Box 307 Union Point,GA 30669-0307	Chipman-Union, Inc. Occupation: Executive	05/27/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	100.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sibley Bryan Box 307 Union Point,GA 30669-0307	Chipman-Union, Inc. Occupation: Executive	06/04/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Montague Miller 4384 Deer Run Evans,GA 30809-	Club Car, Inc. Occupation: President & CEO	05/27/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	4,700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Jim Westbury 922 McDonough Road Jackson,GA 30233 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Westbury Medical Care Home Administrator Aggregate Year-to-Date -> 500.00	05/20/1999	500.00
B. Full Name, Mailing Address and Zip Code Carl Gillis Post Office Box 2006 Dublin,GA 31040 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Retired Aggregate Year-to-Date -> 200.00	05/13/1999	200.00
C. Full Name, Mailing Address and Zip Code Susan Holmes Post Office Box 151 Monticello,GA 31064- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer City of Monticello Occupation Mayor Aggregate Year-to-Date -> 1,000.00	06/29/1999	1,000.00
D. Full Name, Mailing Address and Zip Code Daniel Hanks 39 Huntington Road, SW Rome,GA 30161- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Rome Radiology Group Occupation Physician Aggregate Year-to-Date -> 250.00	03/16/1999	250.00
E. Full Name, Mailing Address and Zip Code Daniel Hanks 39 Huntington Road, SW Rome,GA 30161- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Rome Radiology Group Occupation Physician Aggregate Year-to-Date -> 350.00	06/04/1999	100.00
F. Full Name, Mailing Address and Zip Code Albert Foy 5741 Carmichael Parkway Suite # B Montgomery,AL 36117-2337 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Self Occupation Orthodontist Aggregate Year-to-Date -> 250.00	06/23/1999	250.00
G. Full Name, Mailing Address and Zip Code William Edington 1202 Essex Manor Court Alexandria,VA 22308-1000 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Edington Peel and Associates Occupation Consultant Aggregate Year-to-Date -> 500.00	04/26/1999	500.00

SUBTOTAL of Receipts This Page (optional)	2,800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Terry Johnson 1136 Johnson Rd SW Warrenton,GA 30828-	Retired	05/13/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Aggregate Year-to-Date -> 250.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Frank Kelly 270 Country Club Road Macon,GA 31210-	Self Orthopedic Surgeon	06/16/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date -> 250.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald McCorkle 4904 Luckey's Bridge Road, SE Dearing,GA 30808-	McCorkle Nurseries VP-Live Plant Nursery	05/05/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date -> 1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Donald Loebern 4500 Wooldridge Road Fortson,GA 31808-6804	CA Crown Distributing Co President	06/29/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date -> 1,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Jackman 144 O'Connor Drive, NW Milledgeville,GA 31061-	China Clay Producers Assoc. Exec. Vice President	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date -> 1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Fleetwood Maddox Wayside Farm Rt 1, Box 295 Gray,GA 31032-	Central Ga. Eye Center Physician	05/23/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date -> 200.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Braye Boardman Post Office Box 3366 Augusta,GA 30914-	Boardman Petroleum, Inc. Vice President	06/29/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)		Aggregate Year-to-Date -> 1,000.00	

SUBTOTAL of Receipts This Page (optional)	4,700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Brigham One 10th Street Ste.610 Augusta,GA 30901-	Brigham Properties, Inc. Occupation Owner	06/17/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerald Harrison 1012 W. 11th Street Panama City,FL 32401-2042	Self Occupation Dentist	06/23/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Flowers Post Office Box 1338 Thomasville,GA 31799-	 Occupation Retired	05/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Gooden 3539 Stevens Way Augusta,GA 30907-	Augusta Surgical Group Occupation Physician	05/27/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clayton Boardman 2150 Battle Row Augusta,GA 30904-3575	Boardman Petroleum, Inc. Occupation CEO	06/23/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Earl Allen Post Office Box 204851 Martinez,GA 30917-4851	Csra Camperland Inc. Occupation President	06/16/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald Hooks PO Drawer H Swainsboro,GA 30401-	Self Occupation Agricultural Consultant	06/10/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	

SUBTOTAL of Receipts This Page (optional)	4,700.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sidney Roberts 1111 Northshore Drive Knoxville,TN 37919-	Self Occupation: Dentist	06/23/1999 Aggregate Year-to-Date -> 250.00	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Logan Nalley 2229 Pickens Road Augusta,GA 30904-	Self Occupation: Dentist	06/10/1999 Aggregate Year-to-Date -> 500.00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Sizemore 603 Regent Road Augusta,GA 30909-	Regent Security Services, Inc. Occupation: Security Office Mgr	05/05/1999 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Deanne Fullerton 3498 Stallings Island Road Martinez,GA 30907-	 Occupation: Homemaker	05/13/1999 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carolyn Pratt 305 Fury's Ferry Road Martinez,GA 30907-	 Occupation: Homemaker	05/27/1999 Aggregate Year-to-Date -> 1,000.00	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Louis Johnson 11 Rose Gate Drive Atlanta,GA 30342-	Self Occupation: Dentist	03/05/1999 Aggregate Year-to-Date -> 200.00	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kimberly Westermann 15 Pawnee Trail Louisville,KY 40207-	Self Occupation: Dentist	06/23/1999 Aggregate Year-to-Date -> 500.00	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)			

SUBTOTAL of Receipts This Page (optional)	4,450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Vesta Hardman 199 Tanglewood Drive Athens,GA 30606-3854 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Homemaker Aggregate Year-to-Date -> 1,000.00	03/16/1999	1,000.00
B. Full Name, Mailing Address and Zip Code Edward Lake 2246 Woodbluff Way Augusta,GA 30909- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Alrich Electrical Company Occupation: self Aggregate Year-to-Date -> 980.00	02/12/1999	980.00
C. Full Name, Mailing Address and Zip Code John Ludwig 1040 Cherokee Bluff Greensboro,GA 30642- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Self Occupation: Real Estate Broker Aggregate Year-to-Date -> 250.00	04/15/1999	250.00
D. Full Name, Mailing Address and Zip Code R. W. Hicks, Jr. Post Office Drawer 4410 Eatonton,GA 31024- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Horton Homes Occupation: Sales Aggregate Year-to-Date -> 200.00	06/30/1999	200.00
E. Full Name, Mailing Address and Zip Code R.W. Hicks 228 Rose Creek Eatonton,GA 31024- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Horton Industries Occupation: Human Resources Director Aggregate Year-to-Date -> 250.00	06/30/1999	250.00
F. Full Name, Mailing Address and Zip Code Beryl Spry 235 West Adams Street Tennille,GA 31089-1404 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Occupation: Homemaker Aggregate Year-to-Date -> 1,000.00	05/24/1999	1,000.00
G. Full Name, Mailing Address and Zip Code Marshall Reinig 4275 Owens Road, No. 1227 Evans,GA 30809- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer: Occupation: Retired Aggregate Year-to-Date -> 1,000.00	03/09/1999	1,000.00

SUBTOTAL of Receipts This Page (optional)	4,680.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Scott Smith 122 Bradley Road Longmeadow,MA 01106-	Self Orthodontist	06/23/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		250.00
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Amy Sprague 3559 Bellerive Circle Augusta,GA 30907-	Self Physician	05/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kathleen Resseguie 605 Birkdale Court Augusta,GA 30907-9576	 Homemaker	06/04/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		250.00
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Bogan 4703 Allison Creek Road York,SC 29745-	Self Orthodontist	03/02/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		200.00
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Sue Clary 3505 Preston Trail Martinez,GA 30907-	 Homemaker	06/04/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		250.00
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Cindy Guthrie 3102 Cobbham Road Thomson,GA 30824-	Savannah Site 5 Highway Contra Office Manager	05/05/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Cleve Mobley Post Office Box 583 Waynesboro,GA 30830-	Self Farmer	05/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00

SUBTOTAL of Receipts This Page (optional)	3,950.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Verville 5700 Sherier Place Washington, DC 20016-	Powers Pyles Sutter & Verville	05/26/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date ->	500.00
B. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Collier 3455 Wrightsboro Road Augusta, GA 30909-	Collier Construction	02/05/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: self	Aggregate Year-to-Date ->	100.00
C. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Robert Collier 3455 Wrightsboro Road Augusta, GA 30909-	Collier Construction	03/30/1999	100.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: self	Aggregate Year-to-Date ->	200.00
D. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Deandra Steed 113 Wilson Road SE Eatonton, GA 31024-	Mid-State Drilling	06/23/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: President	Aggregate Year-to-Date ->	250.00
E. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald Leebern Post Office Box 7908 Columbus, GA 31908-	GA Crown Distributing Co	03/09/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Chairman of the Board	Aggregate Year-to-Date ->	1,000.00
F. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Donald Leebern Post Office Box 7908 Columbus, GA 31908-	GA Crown Distributing Co	03/09/1999	1,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Occupation: Chairman of the Board	Aggregate Year-to-Date ->	2,000.00
G. Full Name, Mailing Address and Zip Code	**Name of Employer**	**Date (month, day, year)**	**Amount of Each Receipt this Period**
Paul Scanlan 5 Merion Court Hummelstown, PA 17036-	Duane, Morris & Heckster, LLP	03/11/1999	275.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date ->	275.00

SUBTOTAL of Receipts This Page (optional)	3,225.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawson Kelly 270 Country Club Road Macon,GA 31210-	Occupation Homemaker	03/18/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marvin Rappaport 1200 New Hampshire Avenue, NW Suite 800 Washington,DC 20036-6802	Intermedia Partners Occupation Consultant	03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Barry Babcock 760 Kent Road Saint Louis,MO 63124-	Charter Communications Occupation Vice Chairman	04/05/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kathryn Mettler 960 Johnson Ferry Rd., NE Suite 505 Atlanta,GA 30342-	Self Occupation Physician	05/13/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	250.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Linda Maner 3550 Carnoustie Drive Martinez,GA 30907-	SpringLine Co. Occupation Consultant	04/15/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	200.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Doc Hastings 1747B Hayes Street Arlington,VA 22202-	U.S. House of Representatives Occupation Congressman	04/27/1999	275.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	275.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patricia Setterberg 1304 Glenn Avenue Augusta,GA 30904-	Uni-Shippers Occupation self	05/24/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	2,475.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(a)(i)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Long 2242 Pickens Road Augusta,GA 30904-	Dye, Tucker, Everett et al	05/27/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Attorney	Aggregate Year-to-Date ->	250.00

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Temple 662 Chimney Hill Circle Evans,GA 30809-		06/09/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Homemaker	Aggregate Year-to-Date ->	500.00

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gretchen Gallagher 3618 Jamaica Drive Augusta,GA 30909-	Retired	06/10/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation:	Aggregate Year-to-Date ->	1,000.00

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Rupli 1938 Great Falls Street Mc Lean,VA 22101-	R. Duffy Wall & Assoc.	06/23/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Lobbyist	Aggregate Year-to-Date ->	250.00

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bartow Parkerson 1021 Flintlock Court Greensboro,GA 31640-	Self	06/29/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Dentist	Aggregate Year-to-Date ->	250.00

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ralph Simons 812 Conifer Road Augusta,GA 30909-	Merryland Properties	06/29/1999	250.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Development & Land Manager	Aggregate Year-to-Date ->	250.00

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack Dover 309 Rucker Place Alexandria,VA 22301-	CTTA	06/29/1999	200.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation: Gov't Relations	Aggregate Year-to-Date ->	200.00

SUBTOTAL of Receipts This Page (optional)	2,700.00
TOTAL This Period (last page this line number only)	$4,930.00

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(b)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code National Republican Congressional Commit 320 1st St SE Washington, DC 20003-1838 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) 02/10/1999 Satellite Feed	Amount of Each Receipt this Period 58.50 IN-KIND
	Aggregate Year-to-Date ->	58.50	
B. Full Name, Mailing Address and Zip Code National Republican Congressional Commit 320 1st St SE Washington, DC 20003-1838 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) 02/11/1999 Feed	Amount of Each Receipt this Period 29.25 IN-KIND
	Aggregate Year-to-Date ->	87.75	
C. Full Name, Mailing Address and Zip Code National Republican Congressional Commit 320 1st St SE Washington, DC 20003-1838 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) 06/24/1999 Satellite Feed	Amount of Each Receipt this Period 22.61 IN-KIND
	Aggregate Year-to-Date ->	110.36	
D. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	110.36
TOTAL This Period (last page this line number only)	110.36

SCHEDULE A -- ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and Zip Code NRA Political Victory Fund Chris W. Cox, Federal Liaison 410 First St SE Washington, DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)		04/15/1999	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Associated Builders & Contractors PAC Attn: Charlotte Herbert 1300 North 17th Street Eighth Floor Rosslyn, VA 22209 Receipt For: [X] Primary [ ] General [ ] Other (specify)		05/20/1999	1,500.00
	Aggregate Year-to-Date ->	1,500.00	
C. Full Name, Mailing Address and Zip Code American Bankers Assoc. Attn: Debbie Shannon 1120 Connecticut Ave NW Ste 851 Washington, DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/29/1999	500.00
	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code American Bankers Assoc. Attn: Debbie Shannon 1120 Connecticut Ave NW Ste 851 Washington, DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/29/1999	500.00
	Aggregate Year-to-Date ->	1,000.00	
E. Full Name, Mailing Address and Zip Code Southern States PBA Mr. H. G. Bill Thompson 101 D Street SE Washington, DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)		03/30/1999	500.00
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Southern States PBA Mr. H. G. Bill Thompson 101 D Street SE Washington, DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/10/1999	500.00
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code AT&T PAC Attn: Mr. Steve Billet 1120 20th Street, NW Washington, DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)		06/01/1999	1,000.00
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Occidental Internatl Corp. PAC Attn: Mr. Jace Hassett 1717 Pennsylvania Ave NW Ste 400 Washington,DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 500.00	06/10/1999	500.00
B. Associated General Contr. PAC Attn: Joan Lavor 1957 E St NW Washington,DC 20006 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 500.00	03/25/1999	500.00
C. Associated General Contr. PAC Attn: Joan Lavor 1957 E St NW Washington,DC 20006 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 1,500.00	05/24/1999	1,000.00
D. Amer. Society of Anesthesiologists Attn: Mr. Mike Scott 1101 Vermont Ave NW Ste 606 Washington,DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 2,500.00	03/16/1999	2,500.00
E. Amer. Society of Anesthesiologists Attn: Mr. Mike Scott 1101 Vermont Ave NW Ste 606 Washington,DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 3,500.00	06/16/1999	1,000.00
F. Northern Telecom, Inc. PAC Attn: Mary Gordon 801 Pennsylvania Ave NW Ste 700 Washington,DC 20004- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 500.00	03/25/1999	500.00
G. Podiatry PAC Attn: Mr. John Carson 9312 Old Georgetown Road Bethesda,MD 20814- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 1,000.00	03/16/1999	1,000.00

SUBTOTAL of Receipts This Page (optional)	7,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Podiatry PAC Attn: Mr. John Carson 9312 Old Georgetown Road Bethesda,MD 20814-		05/26/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	2,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lockheed/Martin PAC Attn: Mr. Chuck Monro 1725 Jefferson Davis Hwy. Arlington,VA 22202-		05/06/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lockheed/Martin PAC Attn: Mr. Chuck Monro 1725 Jefferson Davis Hwy. Arlington,VA 22202-		06/01/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glaxo Wellcome Inc. PAC Attn: Ms. Janie Ann Kinney 1500 K St NW Ste 650 Washington,DC 20005-	Glaxco	06/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation Representative		
	Aggregate Year-to-Date ->	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Orkin PAC Attn: Mr. Tom Diedeich 2170 Piedmont Road NE Atlanta,GA 30324-		06/04/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AGL Resources PAC Attn: Mr. Roy Robinson Post Office Box 4569 Atlanta,GA 30302-4569	Atlanta Gas Light Company	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	1,000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merck PAC Attn: Nancy Carlton 601 Pennsylvania Avenue NW Washington,DC 20004-		06/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,000.00

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Merck PAC Attn: Nancy Carlton 601 Pennsylvania Avenue NW Washington,DC 20004-		06/29/1999	407.80
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Event Catering	
	Aggregate Year-to-Date -> 907.80		IN-KIND

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Physical Therapy Assn. PAC Attn: Ms. Nancy Garland 1111 North Fairfax Street Alexandria,VA 22314-		03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date -> 500.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RJR PAC Attn: Murray Jones 1455 Pennsylvania Ave NW Ste 925 Washington,DC 20005-		03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date -> 500.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RJR PAC Attn: Murray Jones 1455 Pennsylvania Ave NW Ste 925 Washington,DC 20005-		05/13/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date -> 1,000.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Broiler Council PAC Attn: Ms. Mary Colville 1015 15th St NW Ste 930 Washington,DC 20005-2605		03/25/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date -> 500.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
King and Spaulding PAC Attn: Mr. Ted Hester 1730 Pennsylvania Ave NW Washington,DC 20006-4706		06/04/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date -> 1,000.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
King and Spaulding PAC Attn: Mr. Ted Hester 1730 Pennsylvania Ave NW Washington,DC 20006-4706		06/04/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date -> 2,000.00		

SUBTOTAL of Receipts This Page (optional)	4,407.80
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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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Optometric Assn PAC Attn: Mr. Al Peterson 1505 Prince Street, Ste 300 Alexandria,VA 22314-	Occupation	04/27/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Maritime Officers PAC Attn: Gordon W. Spencer 490 L'Enfant Plaza East SW Ste 7204 Washington,DC 20024-	Occupation	06/16/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Sugar Cane League PAC Mr. Dalton Yancey, Exec. Vice President 1301 Pennsylvania Ave NW Ste 401 Washington,DC 20004-3003	Occupation	06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dealers Election Action Cmte. Attn: Mr. Greg Knopp 412 First St SE Washington,DC 20003-	Occupation	04/08/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dealers Election Action Cmte. Attn: Mr. Greg Knopp 412 First St SE Washington,DC 20003-	Occupation	06/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
SBC Telecommunications - EmPAC Attn: Mr. Bill Shute 1401 I Street, NW Washington,DC 20005-	Occupation	03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Caterpillar Committee for Effective Govt Attn: Mr. James P. Halloran 318 Connecticut Ave NW Ste 600 Washington,DC 20006-	Occupation	06/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. American Hospital Assoc. PAC Attn: Mr. Mark Seklecki 326 7th St NW Washington,DC 20004- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 1,000.00	06/24/1999	1,000.00
B. TDS Telecom PAC Post Office Box 5158 Madison,WI 53705-0158 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 500.00	06/17/1999	500.00
C. Action Comm. for Rural Electrification Attn: Mr. Bob Dawson 4301 Wilson Blvd Arlington,VA 22203- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 500.00	03/30/1999	500.00
D. Action Comm. for Rural Electrification Attn: Mr. Bob Dawson 4301 Wilson Blvd Arlington,VA 22203- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 1,500.00	05/26/1999	1,000.00
E. Action Comm. for Rural Electrification Attn: Mr. Bob Dawson 4301 Wilson Blvd Arlington,VA 22203- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 2,000.00	06/10/1999	500.00
F. Alltel Corp. PAC Attn: Diane Smith 601 Pennsylvania Avenue Washington,DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 1,000.00	06/23/1999	1,000.00
G. American Academy Of Ophthalmology, Inc. Attn: Mr. Steve Miller 1101 Vermont Ave NW Ste 700 Washington,DC 20005-3570 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date -> 2,000.00	06/23/1999	2,000.00

SUBTOTAL of Receipts This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	

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)

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. American Dental PAC Attn: Mr. Frank McLaughlin 1111 14th St NW 11th Floor Washington, DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	03/18/1999	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
B. Amer. Health Care Association PAC Attn: Anna Lee 1201 L Street, NW Washington, DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	05/20/1999	500.00
	Aggregate Year-to-Date ->	500.00	
C. American Public Power Assn. Attn: Mr. Alan H. Richardson 2301 M Street NW, Suite 300 Washington, DC 20037- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	03/30/1999	500.00
	Aggregate Year-to-Date ->	500.00	
D. Amer. Sugar Cane League PAC Attn: Mr. Macon Edwards 600 Pennsylvania Avenue, SE Washington, DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	03/30/1999	500.00
	Aggregate Year-to-Date ->	500.00	
E. Amer. Sugar Cane League PAC Attn: Mr. Macon Edwards 600 Pennsylvania Avenue, SE Washington, DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	06/17/1999	500.00
	Aggregate Year-to-Date ->	1,000.00	
F. Amer. Textile Manufacturers Institute Attn: Douglas Bulcao 1130 Connecticut Avenue NW, Ste 1200 Washington, DC 20036-3954 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	05/13/1999	500.00
	Aggregate Year-to-Date ->	500.00	
G. Arthur Andersen PAC Attn: Mr. Jeff Beck 1666 K Street, NW Washington, DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	05/19/1999	1,000.00
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	

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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code Assoc. for the Advancement of Psychology Attn: Mr. Doug Walter Washington,DC 20002- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 04/26/1999	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Assoc. for the Advancement of Psychology Attn: Mr. Doug Walter Washington,DC 20002- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,500.00	Date (month, day, year) 04/26/1999	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code BellSouth Federal PAC Attn: Dan Mattoon 1133 21st St NW Ste 900 Washington,DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 03/11/1999	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code BellSouth Federal PAC Attn: Dan Mattoon 1133 21st St NW Ste 900 Washington,DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 2,500.00	Date (month, day, year) 06/09/1999	Amount of Each Receipt this Period 2,000.00
E. Full Name, Mailing Address and Zip Code Brown & Williamson Tobacco PAC Attn: Bill Hecht 999 3 Capitol Street SW Ste 507 Washington,DC 20003- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 05/19/1999	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code College of Amer. Pathologists PAC Attn: Mr. Dave Mason 1350 "I" St NW Ste 590 Washington,DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 03/25/1999	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and Zip Code The Orthopaedic PAC Attn: David Lovett 317 Massachusetts Ave NE Ste 100 Washington,DC 20002-5701 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 03/11/1999	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Credit Union Legislative Action Council Attn: John McKechnie 805 15th St NW Ste 300 Washington,DC 20005-	Occupation	06/01/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Delta Airlines Inc. PAC Attn: Ms. Lisa Piccione 1275 K St NW Ste 1200 Washington,DC 20006-	Occupation	04/26/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ernst & Young PAC Attn: Ms. K.C. Tominovich 1225 Connecticut Ave Ste 600 Washington,DC 20036-	Occupation	06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ford Motor Company CAE Attn: Mr. Bob Howard 1350 "I" St NW Ste 1000 Washington,DC 20005-	Occupation	06/10/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Georgia Peanut Producers Assoc. PAC Attn: Mr. Larry Meyers 412 First Street SE Washington,DC 20003-	Occupation	04/05/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Georgia Power Co. Fed. PAC Inc. Attn: Mr. Brian Spickard 1130 Connecticut Ave Ste 830 Washington,DC 20036-	Occupation	03/16/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Georgia Power Co. Fed. PAC Inc. Attn: Mr. Brian Spickard 1130 Connecticut Ave Ste 830 Washington,DC 20036-	Occupation	03/30/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	2,000.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Georgia Power Co. Fed. PAC Inc. Attn: Mr. Brian Spickard 1130 Connecticut Ave Ste 830 Washington,DC 20036-	Occupation	05/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	3,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Georgia Power Co. Fed. PAC Inc. Attn: Mr. Brian Spickard 1130 Connecticut Ave Ste 830 Washington,DC 20036-	Occupation	06/01/1999	3,000.00
Receipt For: [ ] Primary [X] General [ ] Other (specify)	Aggregate Year-to-Date ->	6,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Georgia Power Co. Fed. PAC Inc. Attn: Mr. Brian Spickard 1130 Connecticut Ave Ste 830 Washington,DC 20036-	Occupation	06/01/1999	2,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	8,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Independent Ins. Agents of America Attn: Ms. Liz Zeger 412 First Street Ste 300 Washington,DC 20003-	Occupation	06/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Investment Management PAC Attn: Shannon Billings 1401 H St NW Ste 1200 Washington,DC 20005-	Occupation	03/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lorillard Public Affairs Committee Attn: Mr. Arthur Stevens Box 10529 Greensboro,NC 27408-7018	Occupation	03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NationsBank Corporation PAC Attn: Mr. Mark Leggett 100 North Tryon Street Charlotte,NC 28255-	Occupation	06/23/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	9,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl. Roofing Contractors Assn. Attn: Mr. Craig S. Brightup 324 4th Street NE Washington,DC 20002-5821	Occupation	03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl. Assn. of Convenience Stores Attn: Mr. Lyle Beckwith 1605 King Street Alexandria,VA 22314-2726	Occupation	03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl. Assn. of Convenience Stores Attn: Mr. Lyle Beckwith 1605 King Street Alexandria,VA 22314-2726	Occupation	06/16/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl Assn. of Medical Equip. Suppliers Attn: Mr. Brian Rasmussen 625 Slaters Lane , Ste 200 Alexandria,VA 22314-	Occupation	03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
National Beer Wholesalers Assoc. PAC Attn: Mr. Ron Sarasin 1100 South Washington Street Alexandria,VA 22314-4457	Occupation	06/10/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl. Emergency Medicine PAC Attn: Ms. Barbara Jackier 1111 19th St NW, Ste 650 Washington,DC 20036-	Occupation	03/11/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl. Propane Gas Assoc. PAC Attn: Lisa Bontempo 1101 17th St, NW Washington,DC 20036-	Occupation	05/26/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl. Restaurant Assoc. PAC Attn: Lee Culpepper 1200 17th St NW Washington,DC 20036-	Occupation	01/15/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Florida Power Corp. PAC Attn: Michael Wilson 801 Pennsylvania Ave NW Ste 640 Washington,DC 20004-	Occupation	06/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Society of Plastic and Reconstructive Surgery PAC Attn: Mr. Mark Cribben Washington,DC 20036-	Occupation	03/18/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Morris PAC Mr. Greg Scott 1341 G St NW Ste 900 Washington,DC 20005-	Occupation	03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Morris PAC Mr. Greg Scott 1341 G St NW Ste 900 Washington,DC 20005-	Occupation	05/26/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Philip Morris PAC Mr. Greg Scott 1341 G St NW Ste 900 Washington,DC 20005-	Occupation	06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pinkerton Tobacco Company PAC PO Box 11588 Richmond,VA 23230-1588	Occupation	03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	3,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Realtors PAC Attn: Trey Richardson 700 11th St Washington,DC 20001-	Occupation	06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Securities Industry Association PAC Attn: Mr. Steve Judge 1401 "I" St NW Ste 1000 Washington,DC 20005-	Occupation	06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Southern Minnesota Sugar Cooperative PAC Attn: Pat Ravenhorst Renville,MN 56284-	Occupation	06/17/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stone & Webster PAC Attn: Mr. Steve Mario 900 19th St. NW Washington,DC 20006-2105	Occupation	03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Textron Inc. PAC Attn: Mr. Gordon Thomas 1101 Pennsylvania Ave NW Ste 400 Washington,DC 20004- 250	Occupation	04/06/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Torrington Company PAC Attn: Howard Vine 1300 Connecticut Ave NW 10th Flr Washington,DC 20036-	Occupation	04/15/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Trucking Assn PAC Attn: Mr. Ken Stinger 430 First St SE Washington,DC 20003-	Occupation	04/15/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	3,500.00

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
US Team Pac Attn: Todd Walker 1201 Pennsylvania Ave. NW Washington,DC 20004-	Occupation	06/01/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
US Team Pac Attn: Todd Walker 1201 Pennsylvania Ave. NW Washington,DC 20004-	Occupation	06/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
USAA Group PAC Attn: Chris Seeger 1455 F Street, Suite 420 Washington,DC 20004-	Occupation	04/15/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United States Telephone Assn. PAC Attn: Lisa Costello 1401 H St NW Ste 600 Washington,DC 20005-	Occupation	06/17/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United States Telephone Assn. PAC Attn: Lisa Costello 1401 H St NW Ste 600 Washington,DC 20005-	Occupation	06/17/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wachovia Corp. of Georgia FBG Attn: Tommy Hill 191 Peachtree St NE Atlanta,GA 30303-	Occupation	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Natl. Community Pharmacists Assn. Attn: John M. Rector, Esq. 205 Daingerfield Rd Alexandria,VA 22314-	Occupation	04/26/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Professionals in Advertising PAC Attn: Mr. Harold Shoup 1899 L Street, NW, Suite 700 Washington,DC 20036-		06/10/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Television and Radio PAC Attn: Mr. Jim May 1771 N St NW Washington,DC 20036-2891		04/15/1999	1,668.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	Tickets & Parking	IN-KIND
	Aggregate Year-to-Date ->	1,668.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Television and Radio PAC Attn: Mr. Jim May 1771 N St NW Washington,DC 20036-2891		05/05/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	2,668.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Television and Radio PAC Attn: Mr. Jim May 1771 N St NW Washington,DC 20036-2891		06/16/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	3,668.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Television and Radio PAC Attn: Mr. Jim May 1771 N St NW Washington,DC 20036-2891		06/23/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	4,168.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Society of Ind. Gas Marketers Attn: Ken Doyle 11911 Freedom Drive Reston,VA 22090-		06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Assn. of Orthodontists PAC Attn: Mr. Jim Drinan 401 North Lindbergh Boulevard Saint Louis,MO 63141-		03/25/1999	2,500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation		
	Aggregate Year-to-Date ->	2,500.00	

SUBTOTAL of Receipts This Page (optional)	7,668.00
TOTAL This Period (last page this line number only)	

SCHEDULE A — ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
AICPA Attn: Mr. Tom Higginbotham 1455 Penn. Ave., NW 4th Floor Washington,DC 20004-	Occupation	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Medical Assoc. PAC Attn: Kevin Walker 1101 Vermont Ave NW Washington,DC 20005-	Occupation	06/23/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Savannah Electric & Power Company Attn: Ms. Lee Ann Powell PO Box 968 Savannah,GA 31402-	Occupation	05/24/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amer. Wood Preservers Institute PAC Attn: Mr. Scott Ramminger 2750 Prosperity Avenue, Suite 550 Fairfax,VA 22031-4312	Occupation	06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
American Dietetic Association PAC Attn: Todd Ketch 1225 Eye St NW #1250 Washington,DC 20005-	Occupation	04/05/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amer. Speech-Language-Hearing Assoc. Attn: Mr. Roger Kingsley 10801 Rockville Pike Rockville,MD 20852-	Occupation	06/23/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Mills, Inc PAC Attn: Bob Bird 601 Pennsylvania Ave. Washington,DC 20004-	Occupation	06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
The Williams Companies Attn: Glenn Jackson 1667 K Street NW, Suite 800 Washington,DC 20006-		05/05/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		500.00

B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PriceWaterhouseCoopers PAC Attn: Allen Weltmann 1900 K St NW, Suite 900 Washington,DC 20006-		05/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00

C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Nuclear Energy Institute Attn: Jim Hagan 1776 Eye St NW Ste 400 Washington,DC 20006-		04/27/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		500.00

D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
General Atomics PAC Attn: Mr. Wayne Willis 2001 Pennsylvania Ave. NW Ste 650 Washington,DC 20006-		03/25/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		500.00

E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
General Atomics PAC Attn: Mr. Wayne Willis 2001 Pennsylvania Ave. NW Ste 650 Washington,DC 20006-		05/27/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,000.00

F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Life of Georgia PAC Attn: Deborah Winston 601 13th St, NW Washington,DC 20005-		03/30/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		500.00

G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carolina Power PAC Attn: David Roberts 801 Pennsylvania Ave., Suite 250 Washington,DC 20004-		06/16/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		500.00

SUBTOTAL of Receipts This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	

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)

A. Full Name, Mailing Address and Zip Code Northern States Power PAC Attn: Mr. Bill Libro 801 Penn Ave, NW, Suite 212 Washington,DC 20004-2601 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 250.00	Date (month, day, year) 06/16/1999	Amount of Each Receipt this Period 250.00
B. Full Name, Mailing Address and Zip Code Zeneca Inc. PAC Attn: Mr. Jim Schlicht 1250 Eye Street, NW, Suite 804 Washington,DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 03/30/1999	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code Zeneca Inc. PAC Attn: Mr. Jim Schlicht 1250 Eye Street, NW, Suite 804 Washington,DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/01/1999	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code Rhone Poulenc Rorer PAC Attn: Ms. Mary McGrane 801 Pennsylvania Avenue, NW Washington,DC 20004-2615 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 04/15/1999	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Cellular Telecommunications Industry PAC Attn: Mr. Steve Berry 1250 Connecticut Ave., SW Washington,DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/17/1999	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Amer. Assn. for Respiratory Care PAC Attn: Ms. Cheryl West 1225 King Street 2nd Floor Alexandria,VA 22314-2926 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 03/25/1999	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Blue Circle America PAC Attn: Mr. Woody Hanson 1800 Parkway Place, Ste 1200 Marietta,GA 30067- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 05/24/1999	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	4,250.00
TOTAL This Period (last page this line number only)	

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)

A. Full Name, Mailing Address and Zip Code Edison International Companies PAC Attn: Ms. Barbara Santos 555 12th Street, NW, Suite 640 Washington,DC 20004- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/29/1999	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Westinghouse Electric PAC Attn: Ms. Laurie Harrison 600 New Hampshire Ave, NW Washington,DC 20037- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 04/15/1999	Amount of Each Receipt this Period 500.00
C. Full Name, Mailing Address and Zip Code American Osteopathic Association Attn: Mr. Wayne Powell PO Box 993 Washington,DC 20044- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 03/11/1999	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and Zip Code Safari Club International Attn: Mr. Ron Marlenee 9008 Linda Maria Court Fairfax,VA 22031- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/23/1999	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Nonprescription Drug Manufacturers PAC Attn: Kevin Kraushear 1150 Connecticut Ave., NW Washington,DC 20036-4193 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 03/30/1999	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Natl. Assn. for Uniformed Services Attn: Colonel Charles Partridge 5535 Hempstead Way Springfield,VA 22151- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 03/18/1999	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Natl. Assn. for Uniformed Services Attn: Colonel Charles Partridge 5535 Hempstead Way Springfield,VA 22151- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,500.00	Date (month, day, year) 06/16/1999	Amount of Each Receipt this Period 1,000.00

SUBTOTAL of Receipts This Page (optional)	5,000.00
TOTAL This Period (last page this line number only)	

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)

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Amer. Assn of Clinical Urologists Attn: Mr. Randy Fenniger c/o MARC Associates Washington,DC 20036-	Occupation	03/25/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Detroit Edison PAC Attn: Mr. Bob Horn 601 Pennsylvania Avenue, NW Washington,DC 20004-	Occupation	06/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Associated Equipment Distributors PAC Attn: Mr. Tony Obadal 121 North Henry Street Alexandria,VA 22314-	Occupation	05/13/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reliant Energy PAC Attn: Mr. Bud Albright 1050 17th Street, NW, Suite 1250 Washington,DC 20036-	Occupation	03/30/1999	1,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,000.00	

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reliant Energy PAC Attn: Mr. Bud Albright 1050 17th Street, NW, Suite 1250 Washington,DC 20036-	Occupation	04/15/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	1,500.00	

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Reliant Energy PAC Attn: Mr. Bud Albright 1050 17th Street, NW, Suite 1250 Washington,DC 20036-	Occupation	05/19/1999	2,000.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	3,500.00	

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PECO Energy Company PAC Attn: Mr.David Brown 633 Pennsylvania Avenue, NW Washington,DC 20004-	Occupation	06/29/1999	500.00
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	6,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code Coca-Cola Enterprises, Inc. PAC Attn: Barclay Resler 800 Connecticut Ave NW Ste 711 Washington,DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 04/01/1999	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Coca-Cola Enterprises, Inc. PAC Attn: Barclay Resler 800 Connecticut Ave NW Ste 711 Washington,DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,500.00	Date (month, day, year) 05/19/1999	Amount of Each Receipt this Period 1,000.00
C. Full Name, Mailing Address and Zip Code MCI/Worldcom Inc. Federal PAC Attn: Mr. Frank J. Cantrell 1801 Pennsylvania Ave. NW Washington,DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 04/01/1999	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code MCI/Worldcom Inc. Federal PAC Attn: Mr. Frank J. Cantrell 1801 Pennsylvania Ave. NW Washington,DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,500.00	Date (month, day, year) 06/23/1999	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code Commonwealth Edison PAC Attn: Mr. John Maxson 1722 Eye Street NW Ste. 300 Washington,DC 20006- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/23/1999	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and Zip Code Powers Pyles Sutter & Verville PAC Attn: Mr. Richard Verville 1875 Eye Street NW Washington,DC 20006-5409 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 05/26/1999	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Dairy Farmers of America DFPAC Attn: Sam Stone 3253 East Chestnut Expressway Springfield,MO 65802- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/23/1999	Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)	4,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Burlington Industries GGC Attn: Ms. Donna Lee McGee 1001 Connecticut Avenue NW Washington,DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Occupation	06/30/1999	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code Powell, Goldstein, Frazier & Murphy Political Action Committee 191 Peachtree Street, NE Atlanta,GA 30303- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer / Occupation	02/19/1999	500.00
	Aggregate Year-to-Date ->	500.00	
C. Full Name, Mailing Address and Zip Code Society Of Thoracic Surgeons PAC 1200 - 19th Street, NW, Ste. 300 Washington,DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer / Occupation	03/25/1999	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code Society Of Thoracic Surgeons PAC 1200 - 19th Street, NW, Ste. 300 Washington,DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer / Occupation	06/04/1999	500.00
	Aggregate Year-to-Date ->	1,500.00	
E. Full Name, Mailing Address and Zip Code CAPPAC Attn: Jay B. Cutler 1400 K Street NW Washington,DC 20005- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer / Occupation	04/26/1999	500.00
	Aggregate Year-to-Date ->	500.00	
F. Full Name, Mailing Address and Zip Code Dugaretti & Harris Attn: Mr. Michael J. Philippi 1500 K st. NW #250 Washington,DC 20005-1209 Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer / Occupation	04/27/1999	1,000.00
	Aggregate Year-to-Date ->	1,000.00	
G. Full Name, Mailing Address and Zip Code AFLAC Incorporated PAC Attn: Mr. David Pringle 1932 Wynnton Rd., 18th Floor Columbus,GA 31999- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer / Occupation	03/30/1999	1,000.00
	Aggregate Year-to-Date ->	1,000.00	

SUBTOTAL of Receipts This Page (optional)	5,500.00
TOTAL This Period (last page this line number only)	

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11(c)

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code AFLAC Incorporated PAC Attn: Mr. David Pringle 1932 Wynnton Rd., 18th Floor Columbus,GA 31999- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 3,000.00	Date (month, day, year) 06/16/1999	Amount of Each Receipt this Period 2,000.00
B. Full Name, Mailing Address and Zip Code AFLAC Incorporated PAC Attn: Mr. David Pringle 1932 Wynnton Rd., 18th Floor Columbus,GA 31999- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 5,000.00	Date (month, day, year) 06/16/1999	Amount of Each Receipt this Period 2,000.00
C. Full Name, Mailing Address and Zip Code Northern Textile Assoc. Pac Attn: Mr. Karl Spilhaus 230 Congress Street Boston,MA 02110- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 05/26/1999	Amount of Each Receipt this Period 500.00
D. Full Name, Mailing Address and Zip Code CMS Energy EBG Attn: Mr. David Mengebier 1016 16th Street NW Washington,DC 20036- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/16/1999	Amount of Each Receipt this Period 500.00
E. Full Name, Mailing Address and Zip Code Stephens Fed@AC 111 Center Street Little Rock,AR 72201- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 06/23/1999	Amount of Each Receipt this Period 1,000.00
F. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	6,000.00
TOTAL This Period (last page this line number only)	122,325.80

SCHEDULE A — ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 14

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta,GA 30374-0144	DEPOSIT REFUND	02/05/1999	193.07
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		193.07
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta,GA 30374-0144	OVERPYMT	02/19/1999	534.22
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		727.29
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta,GA 30374-0144	REIMBURSE DEPOSITS	03/25/1999	670.59
Receipt For: [X] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		1,397.88
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (month, day, year) / /	Amount of Each Receipt this Period
Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Aggregate Year-to-Date ->		

SUBTOTAL of Receipts This Page (optional)	1,397.88
TOTAL This Period (last page this line number only)	1,397.88

SCHEDULE A **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 15

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NAME OF COMMITTEE (In Full)

A. Full Name, Mailing Address and Zip Code Paxon For Congress c/o Bonadio & Co., LLP 1350 Winton Road South Rochester,NY 14618- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 500.00	Date (month, day, year) 03/30/1999	Amount of Each Receipt this Period 500.00
B. Full Name, Mailing Address and Zip Code Cubin for Congress PO Box 4657 Casper,WY 82604- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 423.00	Date (month, day, year) 04/15/1999	Amount of Each Receipt this Period 423.00
C. Full Name, Mailing Address and Zip Code Georgia Bank and Trust 3550 Wheeler Road Augusta,GA 30909- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer CD INTEREST Occupation Aggregate Year-to-Date -> 838.34	Date (month, day, year) 03/31/1999	Amount of Each Receipt this Period 838.34
D. Full Name, Mailing Address and Zip Code Combest Congressional Committee Post Office Box 10667 Lubbock,TX 79408- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date -> 1,000.00	Date (month, day, year) 03/25/1999	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and Zip Code NationsBank 2053 Washington Road Augusta,GA 30909- Receipt For: [X] Primary [ ] General [ ] Other (specify)	Name of Employer CD INTEREST Occupation Aggregate Year-to-Date -> 5,625.11	Date (month, day, year) 06/04/1999	Amount of Each Receipt this Period 5,625.11
F. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period
G. Full Name, Mailing Address and Zip Code Receipt For: [ ] Primary [ ] General [ ] Other (specify)	Name of Employer Occupation Aggregate Year-to-Date ->	Date (month, day, year) / /	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	8,386.45
TOTAL This Period (last page this line number only)	8,386.45

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 1 OF 28

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/1999	94.62
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/27/1999	124.36
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/1999	33.92
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/13/1999	6.56
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/13/1999	37.48
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/05/1999	176.00
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/20/1999	5.39

SUBTOTAL of Disbursements This Page (optional)	478.33
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/17/1999	71.36
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Service Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/10/1999	13.40
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	166.37
AT&T Post Office Box 78522 Phoenix, AZ 85062-8522	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/03/1999	18.85
Aristocle Publishing 205 Pennsylvania Avenue SE Washington, DC 20003-	Set-up Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/09/1999	1,712.00
Aristotle Publishing 205 Pennsylvania Avenue SE Washington, DC 20003-	Tech Support Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/04/1999	4,427.00
Augusta Presstech Olde Town Plaza 449 Broad Street Augusta, GA 30901-	Invitations Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/20/1999	240.66

SUBTOTAL of Disbursements This Page (optional)	6,649.64
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Augusta-Richmond County Accounting Department Attn: Donna Williams Augusta, GA 30911-	Parking Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/1999	374.25
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BankAmerica Visa P. O. Box 85350 Louisville, KY 40285-	Hotel & Travel Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/27/1999	520.14
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellAtlantic Post Office Box, 646 Baltimore, MD 21265-0646	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/05/1999	90.43
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellAtlantic Post Office Box 646 Baltimore, MD 21265-0646	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/17/1999	45.68
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellAtlantic Post Office Box 646 Baltimore, MD 21265-0646	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/05/1999	20.70
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellAtlantic Post Office Box 646 Baltimore, MD 21265-0646	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/13/1999	46.09
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellAtlantic Post Office Box 646 Baltimore, MD 21265-0646	Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/25/1999	100.00

SUBTOTAL of Disbursements This Page (optional)	1,197.29
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellAtlantic Post Office Box 646 Baltimore, MD 21265-0646	Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	252.56
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/27/1999	205.19
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Install & Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/10/1999	615.95
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/03/1999	216.33
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/19/1999	290.97
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/11/1999	185.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	288.46

SUBTOTAL of Disbursements This Page (optional)	2,054.66
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/05/1999	234.86
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/06/1999	43.51
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Deposits Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/16/1999	410.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/27/1999	167.43
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BellSouth Attn: Jim Newman PO Box 740144 Atlanta, GA 30374-0144	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/1999	285.76
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bittersweet Catering 823 King Street Alexandria, VA 22314-	Catering Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/17/1999	800.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bittersweet Catering 823 King Street Alexandria, VA 22314-	Event Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/24/1999	907.00

SUBTOTAL of Disbursements This Page (optional)	2,848.56
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bittersweet Catering 823 King Street Alexandria, VA 22314-	Event Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/25/1999	1,839.47
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Bittersweet Catering 823 King Street Alexandria, VA 22314-	Event Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/08/1999	122.69
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Thomas Blanchard 2926 Lake Forest Drive Augusta, GA 30909-3026	Reimburse Event Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	800.49
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Hill Club 300 First Street South East Washington, DC 20515-	Membership Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/27/1999	300.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Capitol Hill Club 300 First Street South East Washington, DC 20515-	Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/15/1999	9.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressional Printer Ken Smith 4333 Charles Crossing Drive White Plains, MD 20695-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/1999	365.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressional Printer Ken Smith 4333 Charles Crossing Drive White Plains, MD 20695-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/08/1999	382.50

SUBTOTAL of Disbursements This Page (optional)	3,819.15
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressional Printer Ken Smith 4333 Charles Crossing Drive White Plains, MD 20695-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/24/1999	382.50
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressional Printer Ken Smith 4333 Charles Crossing Drive White Plains, MD 20695-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	463.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Congressional Institute 316 Pennsylvania Avenue, Ste 403 Washington, DC 20003-	Fees Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/20/1999	840.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William Copenhaver 3531 Interlachen Drive Augusta, GA 30907-9528	Event Expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	656.51
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dell Computer One Dell Way Round Rock, TX 78682-	Computers Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/02/1999	8,640.60
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Dublin Civitan Club Attn: Jim Wallace Post Office Box 635 Dublin, GA 31021-	Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/19/1999	247.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/1999	26.75

SUBTOTAL of Disbursements This Page (optional)	11,256.36
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/03/1999	40.50
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/27/1999	44.75
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/17/1999	40.50
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/27/1999	63.00
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/12/1999	13.50
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/1999	247.75
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/05/1999	45.00

SUBTOTAL of Disbursements This Page (optional)	495.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/19/1999	26.75
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/11/1999	31.50
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	82.75
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/13/1999	14.75
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/29/1999	142.50
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/06/1999	7.25
Federal Express Corporation Box 1140 Memphis, TN 38101-1140	Shipping Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/1999	45.00

SUBTOTAL of Disbursements This Page (optional)	350.50
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frank Wilson's Rentals & Sales 3613 Walton Way Extension Augusta, GA 30909-	Event Equipment Disbursement for: ☐ Primary ☐ General ☐ other (specify)	06/18/1999	856.03
Franklin's Printing 3830 Washington Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ other (specify)	06/11/1999	67.00
Franklin's Printing 3830 Washington Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ other (specify)	04/08/1999	5.76
Franklin's Printing 3830 Washington Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ other (specify)	01/29/1999	607.42
Franklin's Printing 3830 Washington Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ other (specify)	05/25/1999	618.45
Franklin's Printing 3830 Washington Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ other (specify)	03/05/1999	604.00
Franklin's Printing 3830 Washington Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ other (specify)	04/27/1999	849.46

SUBTOTAL of Disbursements This Page (optional)	3,608.12
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Ga Income Tax Division P.O. Box 740397 Atlanta, GA 30374-0397	Income Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/11/1999	970.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Georgia Dept. of Revenue P.O. Box 740387 Atlanta, GA 30374-	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	1,160.54
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Georgia Dept. of Revenue P.O. Box 740387 Atlanta, GA 30374-	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/29/1999	280.88
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/13/1999	322.25
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	314.25
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/18/1999	314.25
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/15/1999	322.25

SUBTOTAL of Disbursements This Page (optional)	3,604.42
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Income Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/11/1999	2,174.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/12/1999	1,105.63
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes -FUTA Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	174.74
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Internal Revenue Service Internal Revenue Service Center Atlanta, GA 39901-	Payroll Taxes Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/15/1999	642.92
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Interstate West Office Park c/o VIP Management Services, Inc. Attn: Ms. Teresa Meadows Augusta, GA 30909-	Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/05/1999	544.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Interstate West Office Park c/o VIP Management Services, Inc. Attn: Ms. Teresa Meadows Augusta, GA 30909-	Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/06/1999	544.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Interstate West Office Park c/o VIP Management Services, Inc. Attn: Ms. Teresa Meadows Augusta, GA 30909-	Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/07/1999	544.00

SUBTOTAL of Disbursements This Page (optional)	5,729.29
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Interstate West Office Park c/o VIP Management Services, Inc. Attn: Ms. Teresa Meadows Augusta, GA 30909-	Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/03/1999	544.00
Interstate West Office Park c/o VIP Management Services, Inc. Attn: Ms. Teresa Meadows Augusta, GA 30909-	Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/05/1999	544.00
Interstate West Office Park c/o VIP Management Services, Inc. Attn: Ms. Teresa Meadows Augusta, GA 30909-	Lease Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/05/1999	544.00
Drew Johnson 634 Paces Run Ct. Columbia, SC 29223-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/15/1999	647.02
Drew Johnson 634 Paces Run Ct. Columbia, SC 29223-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	647.02
KMC Telecom, Inc. Department 77-3258 Chicago, IL 60678-3258	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/13/1999	217.24
KMC Telecom, Inc. Department 77-3258 Chicago, IL 60678-3258	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	382.91

SUBTOTAL of Disbursements This Page (optional)	3,526.19
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
MMC Telecom, Inc. Department 77-3250 Chicago, IL 60678-3250	Phone Services Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/17/1999	215.25
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/15/1999	584.24
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/29/1999	402.87
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/27/1999	402.87
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Reimburse Mileage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/1999	64.86
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Reimburse Mileage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/27/1999	72.70
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/15/1999	402.87

SUBTOTAL of Disbursements This Page (optional)	2,145.66
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

See separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Reimburse Mileage & Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/02/1999	156.75
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Reimburse Mileage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/05/1999	105.85
Kelly Killian 4019 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/12/1999	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	584.24
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/04/1999	584.24
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/30/1999	402.87

SUBTOTAL of Disbursements This Page (optional)	2,639.69
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/13/1999	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/15/1999	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/30/1999	402.87
Kelly Killian 4018 Dowling Drive Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	402.87
Kinko's Printing 3435 Wrightsboro Rd Augusta, GA 30909-2509	Copies and Folding Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/05/1999	268.57
Kinko's Printing 3435 Wrightsboro Rd Augusta, GA 30909-2509	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/1999	18.46

SUBTOTAL of Disbursements This Page (optional)	2,301.38
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kinko's Printing 3435 Wrightsboro Rd Augusta, GA 30909-2509	Polding Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/27/1999	11.71
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/13/1999	107.44
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/04/1999	115.94
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/15/1999	115.94
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	115.94
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/30/1999	106.44
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/15/1999	107.44

SUBTOTAL of Disbursements This Page (optional)	680.85
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/27/1999	107.44
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/15/1999	115.95
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	115.94
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/29/1999	108.44
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	115.94
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/17/1999	115.94
Brian Laserna 305 Greene Street, Apt. B Augusta, GA 30901-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/12/1999	115.94

SUBTOTAL of Disbursements This Page (optional)	795.59
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Lynn & Bob's BBQ 303 South Coleman Street Swainsboro, GA 30401-	Event Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/01/1999	646.01
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30901-	Postage Only Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/04/1999	1,040.00
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30901-	Mail Processing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/29/1999	1,230.28
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30901-	Mail Processing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/25/1999	3,255.36
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30901-	Mail Processing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/04/1999	1,441.33
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30901-	Mail Processing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/10/1999	3,107.23
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30901-	Mail Processing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/1999	1,225.13

SUBTOTAL of Disbursements This Page (optional)	11,945.34
TOTAL This Period (last page this line number only)	

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30901-	Mail Processing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/05/1999	1,041.08
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30901-	Mail Processing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/11/1999	1,225.13
Master Mailing Svc. 1238 Fenwick Street PO Box 10023 Augusta, GA 30901-	Mail Processing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/05/1999	1,214.49
Merck PAC Attn: Nancy Carlton 601 Pennsylvania Avenue NW Washington, DC 20004-	Event Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/29/1999	407.80 IN KIND
Charlie Norwood 3914 Mullikin Road Evans, GA 30809-9521	Reimburse Mileage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	1,201.33
Office Max 596 Bobby Jones Expressway Augusta, GA 30907-	Printing and Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/20/1999	68.47
Office Max 596 Bobby Jones Expressway Augusta, GA 30907-	Office Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/07/1999	43.70

SUBTOTAL of Disbursements This Page (optional)	5,202.00
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Office Max 596 Bobby Jones Expressway Augusta, GA 30907-	Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/11/1999	64.26
Office Max 596 Bobby Jones Expressway Augusta, GA 30907-	Copies and Supplies Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/31/1999	74.66
Office Max 596 Bobby Jones Expressway Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/05/1999	12.84
Perdue Group, Inc. 1824 Mt. Paran Road NW Atlanta, GA 30327-	Consulting Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/1999	10,000.00
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/1999	119.74
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/1999	93.63
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/08/1999	117.37

SUBTOTAL of Disbursements This Page (optional)	10,482.50
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Event Catering and Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/11/1999	2,047.37
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/11/1999	94.02
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	161.71
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/19/1999	32.66
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	55.06
Radisson Riverfront Hotel Augusta Two Tenth Street Augusta, GA 30901-	Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/12/1999	50.20
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/13/1999	150.97

SUBTOTAL of Disbursements This Page (optional)	2,591.99
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/30/1999	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Reimburse Mileage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/1999	36.54
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/30/1999	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Reimburse Milege Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/02/1999	46.40
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	302.53
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/12/1999	150.97

SUBTOTAL of Disbursements This Page (optional)	989.35
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Reimburse Mileage & Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/04/1999	150.32
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/29/1999	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/15/1999	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/27/1999	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	150.97
Tanya Reading 563 Live Oak Court Martinez, GA 30907-	Payroll Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/15/1999	150.97
Rick's Bar B Que Highway 80 West Dublin, GA 31021-	Event Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	774.55

SUBTOTAL of Disbursements This Page (optional)	1,679.72
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Simkins Land Company Attn: Mrs. Maxine Bellamy 103 Macartan Street Augusta, GA 30901-	Event Expenses Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/26/1999	717.07
Strategic Perception, Inc. 2195 Broadview Terrace Los Angeles, CA 90068-	Media Expense Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/11/1999	10,000.00
SunTrust Bank 2901 Washington Road Augusta, GA 30909-	Airfare, Software, Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/17/1999	2,720.03
SunTrust Bank 2901 Washington Road Augusta, GA 30909-	Catering, Airfares Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/20/1999	2,317.36
SunTrust Bank 2901 Washington Road Augusta, GA 30909-	Air Fare, Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	494.35
SunTrust Bank 2901 Washington Road Augusta, GA 30909-	Airfares, Flowers Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/19/1999	614.02
SunTrust Bank 2901 Washington Road Augusta, GA 30909-	Catering, Hotel, Florist Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/25/1999	393.10

SUBTOTAL of Disbursements This Page (optional)	17,255.93
TOTAL This Period (last page this line number only)	

SCHEDULE B ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SunTrust Bank 2901 Washington Road Augusta, GA 30909-	Comp Equip, Airfare, Event Catering Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/05/1999	2,675.89
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Television and Radio PAC Attn: Mr. Jim May 1771 N St NW Washington, DC 20036-2891	Tickets & Parking Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/15/1999	1,668.00 IN KIND
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Dutko Group 412 1st Street, SE, Suite 100	Event Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/25/1999	100.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
The Dutko Group 412 1st Street, SE, Suite 100	Event Deposit Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/05/1999	100.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/29/1999	660.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	BRE & Retn Mail Trusts Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/23/1999	250.00
Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/20/1999	660.00

SUBTOTAL of Disbursements This Page (optional)	6,113.89
TOTAL This Period (last page this line number only)	

SCHEDULE B — ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	BRE & Return Mail Trusts Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	06/02/1999	200.00
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/01/1999	390.00
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/10/1999	330.00
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	BRE & Retn Mail Trust Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	03/18/1999	150.00
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Annual Box Rental Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	44.00
United States Postal Service 125 Commercial Bl. Martinez, GA 30907-	Postage Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	01/29/1999	286.00
Wilmot Printing 1221 Flowing Wells Road Auguste, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/19/1999	1,029.55

SUBTOTAL of Disbursements This Page (optional)	2,429.55
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Wilmot Printing 1221 Flowing Wells Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/12/1999	2,014.28
Wilmot Printing 1221 Flowing Wells Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	06/03/1999	3,425.72
Wilmot Printing 1221 Flowing Wells Road Augusta, GA 30907-	Stationery Disbursement for: ☐ Primary ☒ General ☐ Other (specify)	03/11/1999	169.38
Wilmot Printing 1221 Flowing Wells Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	04/01/1999	591.39
Wilmot Printing 1221 Flowing Wells Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	02/05/1999	333.20
Wilmot Printing 1221 Flowing Wells Road Augusta, GA 30907-	Printing Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	05/27/1999	1,280.36
	Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	/ /	

SUBTOTAL of Disbursements This Page (optional)	7,814.33
TOTAL This Period (last page this line number only)	120,685.20

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
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☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

EJC
PREPARER

8/2/99
DATE PREPARED

(4/98)