

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

<p>A. Full Name, Mailing Address and Zip Code James Boston Post Office Box 185 Thomson, GA 30824-0185</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Thomson Roofing & Metal Co. Occupation Owner</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 05/13/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>B. Full Name, Mailing Address and Zip Code Winburn Stewart Post Office Box 3789 Macon, GA 31205-3789</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Bibb Distributing Company Occupation President</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 05/20/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>C. Full Name, Mailing Address and Zip Code Paul Thiele PO Box 1056 Sanderaville, GA 31082-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Thiele Kolin Co. Occupation Executive</p> <p>Aggregate Year-to-Date -> 1,000.00</p>	<p>Date (month, day, year) 05/19/1999</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and Zip Code Geraldine Ferris 475 Maitland Ave. Altamonte Spg, FL 32701-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Occupation Periodontist</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 03/25/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>E. Full Name, Mailing Address and Zip Code Robert Ferris 475 Maitland Avenue Altamonte Springs, FL 32701-5444</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Self Occupation Dentist</p> <p>Aggregate Year-to-Date -> 250.00</p>	<p>Date (month, day, year) 06/23/1999</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and Zip Code Leon Leonard 1712 Hodges Circle Mansfield, GA 30255-2605</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Occupation Retired Dentist</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 06/16/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>
<p>G. Full Name, Mailing Address and Zip Code Larry Smith 6924 Seven Locks Rd Cabin John, MD 20818-</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Name of Employer Alltel Occupation Sales</p> <p>Aggregate Year-to-Date -> 200.00</p>	<p>Date (month, day, year) 06/23/1999</p>	<p>Amount of Each Receipt this Period 200.00</p>

SUBTOTAL of Receipts This Page (optional)

3,850.00

TOTAL This Period (last page this line number only)