

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Linder for Congress

Full Name, Mailing Address and Zip Code Stephen Felker 800 Belle Meade Road Monroe, GA 30655-2034	Name of Employer Avondale Mills, Inc. Occupation Chairman, CEO	Date (month, day, year) 03/28/98 REDESIGNATION	Amount of each Receipt this Period \$1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		MEMO

Full Name, Mailing Address and Zip Code Stephen Felker 800 Belle Meade Road Monroe, GA 30655-2034	Name of Employer Avondale Mills, Inc. Occupation Chairman, CEO	Date (month, day, year) 03/28/98	Amount of each Receipt this Period \$1000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$1000.00		

Full Name, Mailing Address and Zip Code Jerry Greenbaum 2614 Buford Hwy. N. E. Atlanta, GA 30324	Name of Employer CentreArchy Occupation Retail	Date (month, day, year) 02/24/98	Amount of each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		

Full Name, Mailing Address and Zip Code Stephen E. Guttery 780 Bentwood Trace Alpharetta, GA 30202-4144	Name of Employer Self Occupation Landscaping Contractor	Date (month, day, year) 02/27/98	Amount of each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		

Full Name, Mailing Address and Zip Code C. Alex Kemp P. O. Box 7710 Tifton, GA 31793	Name of Employer Health Systems Mgmt, Inc. Occupation Administration	Date (month, day, year) 01/30/98 REDESIGNATION	Amount of each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		MEMO

Full Name, Mailing Address and Zip Code C. Alex Kemp P. O. Box 7710 Tifton, GA 31793	Name of Employer Health Systems Mgmt, Inc. Occupation Administration	Date (month, day, year) 01/30/98	Amount of each Receipt this Period \$500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date -> \$500.00		

Full Name, Mailing Address and Zip Code Sandra Kemp P. O. Box 7710 Tifton, GA 31793	Name of Employer Health Systems Mgmt, Inc. Occupation Administration	Date (month, day, year) 01/30/98 REDESIGNATION	Amount of each Receipt this Period \$500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ->		MEMO

SUBTOTAL of Receipts This Page (optional) \$2500.00

TOTAL This Period (last page this line number only)