

SCHEDULE A

ITEMIZED RECEIPTS

Use separate attachments for each category of the detailed Summary List

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FOR LINE NUMBER **11(a)(i)**

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NAME OF COMMITTEE (In Full)
Ashcroft 2000 Committee

A. Full Name, Mailing Address and Zip Code Edward Grim 2123 Laura Ln Joplin, MO 64801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Joplin Neurology, Inc. Occupation Physician Aggregate Year-to-Date -> 100.00	Date (month, day, year) 04/25/2000	Amount of Each Receipt this Period 100.00
B. Full Name, Mailing Address and Zip Code Edward Grim 2123 Laura Ln Joplin, MO 64801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Joplin Neurology, Inc. Occupation Physician Aggregate Year-to-Date -> 200.00	Date (month, day, year) 05/05/2000	Amount of Each Receipt this Period 100.00
C. Full Name, Mailing Address and Zip Code Edward Grim 2123 Laura Ln Joplin, MO 64801 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Joplin Neurology, Inc. Occupation Physician Aggregate Year-to-Date -> 300.00	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 100.00
D. Full Name, Mailing Address and Zip Code Michael Ross 12826 Dubon Ln St Louis, MO 63131 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Jefferson Bank Occupation Banking Aggregate Year-to-Date -> 750.00	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 750.00
E. Full Name, Mailing Address and Zip Code Herbert Wiegand 40 Overhille Dr Clayton, MO 63124 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Retired Occupation Doctor Aggregate Year-to-Date -> -1,000.00	Date (month, day, year) 04/10/2000	Amount of Each Receipt this Period -1,000.00 MEMO
F. Full Name, Mailing Address and Zip Code James Orthwein 35 Squires Ln St Louis, MO 63131 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Huntleigh Securities Occupation Partner Aggregate Year-to-Date -> 500.00	Date (month, day, year) 06/02/2000	Amount of Each Receipt this Period 500.00
G. Full Name, Mailing Address and Zip Code Lewis Hardy 25 Conway Class Rd Saint Louis, MO 63124 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer None Occupation Retired Aggregate Year-to-Date -> 250.00	Date (month, day, year) 04/20/2000	Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

1,800.00

TOTAL This Period (Last page this line number only)