

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)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer Info Requested	Date (month, day, year)	Amount of Each Receipt this Period
R.L. Gaugler 3133 Rolling Stone Road Oklahoma City, OK 73120		07/13/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Info Requested		
	Aggregate Year-to-Date	\$ 250.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer Self	Date (month, day, year)	Amount of Each Receipt this Period
Glenn Dewberry 6417 NW 108th Terrace Oklahoma City, OK 73162		07/13/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician		
	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
R.S. Asbury 2334 NW 55th Street Oklahoma City, OK 73112		07/13/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired		
	Aggregate Year-to-Date	\$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer Kirby-Smith Machinery Inc.	Date (month, day, year)	Amount of Each Receipt this Period
Ed Kirby 6723 Avondale Drive Oklahoma City, OK 73116		07/13/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date	\$ 250.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer Northwestern State University	Date (month, day, year)	Amount of Each Receipt this Period
Tom McDaniel 1711 W Wilshire Blvd. Oklahoma City, OK 73116		07/13/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
	Aggregate Year-to-Date	\$ 250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer Olsson, Frank and Weeds	Date (month, day, year)	Amount of Each Receipt this Period
John Bode 431 NW 17th St. Oklahoma City, OK 73103		07/13/00	1,500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Partner		
	Aggregate Year-to-Date	\$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer Williams & Jensen, PC	Date (month, day, year)	Amount of Each Receipt this Period
J.D. Williams 1166 21st Street, NW Washington, DC 20036		07/13/00	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date	\$ 250.00	

SUBTOTAL of Receipts This Page (optional) **3,000.00**

TOTAL This Period (last page this line number only)