

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

10 / 24

FOR LINE NUMBER 11A1

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**NAME OF COMMITTEE (In Full)**  
George Allen Hoe Down Committee

<b>Full Name, Mailing Address, and ZIP Code</b> E. Morgan Massey PO Box 674  Richmond VA 23218	<b>Name of Employer</b> Evan Energy Co.	<b>Date (month, day, year)</b> 09/21/1999	<b>Amount of Each Receipt this Period</b> 1000.00
	<b>Occupation</b> Owner	<b>Aggregate Year-to-Date</b> > \$ 1000.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>Full Name, Mailing Address, and ZIP Code</b> Ivar Massey 4 N Fourth St  Richmond VA 23219	<b>Name of Employer</b> n/a	<b>Date (month, day, year)</b> 10/01/1999	<b>Amount of Each Receipt this Period</b> 2000.00
	<b>Occupation</b> Investor	<b>Aggregate Year-to-Date</b> > \$ 2000.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>Full Name, Mailing Address, and ZIP Code</b> Betty Jane McClellan PO Box 385  Livingston VA 22949	<b>Name of Employer</b> Nelson Coble	<b>Date (month, day, year)</b> 09/24/1999	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> requested	<b>Aggregate Year-to-Date</b> > \$ 500.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>Full Name, Mailing Address, and ZIP Code</b> Arthur W. McKinney 14200 Scotchtown Rd  Beavertown VA 23015	<b>Name of Employer</b> McKinney & Co.	<b>Date (month, day, year)</b> 09/17/1999	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> engineer/retired	<b>Aggregate Year-to-Date</b> > \$ 500.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>Full Name, Mailing Address, and ZIP Code</b> Gall E. McTamoney 10800 Rosewell Ct  Richmond VA 23235	<b>Name of Employer</b> Virginia Surgical Associates	<b>Date (month, day, year)</b> 09/27/1999	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> physician	<b>Aggregate Year-to-Date</b> > \$ 250.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>Full Name, Mailing Address, and ZIP Code</b> G. Gilmer Minor, III 110 W Hillcrest Ave  Richmond VA 23226	<b>Name of Employer</b> Owens & Minor	<b>Date (month, day, year)</b> 09/14/1999	<b>Amount of Each Receipt this Period</b> 1000.00
	<b>Occupation</b> executive	<b>Aggregate Year-to-Date</b> > \$ 1000.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>Full Name, Mailing Address, and ZIP Code</b> Jacques J. Moore, Jr. 315 Riverside Ct  Richmond VA 23233	<b>Name of Employer</b> Moore Cadillac	<b>Date (month, day, year)</b> 09/28/1999	<b>Amount of Each Receipt this Period</b> 2500.00
	<b>Occupation</b> President	<b>Aggregate Year-to-Date</b> > \$ 2500.00	
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTALS** of Receipts This Page (Optional) .....

**TOTALS** This Period (last page this line number only) .....