

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)

Conservative Victory Fund

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|----------------------------------|-------------------------|------------------------------------|
| Mr. W. W. Rowe Jr. 902 Greenway Vero Beach, FL 32960 | Self-employed | 12/3/99 | \$100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Author | | |
| | Aggregate Year-to-Date > \$ 300 | | |
| B. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Dr. Marshall U. Rumbaugh 260 Upper Demunds Road Dallas, PA 18612 | Retired | 12/13/99 | \$25.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 325 | | |
| C. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Mr. Frank R. Solis 209 Westwood Court Woodbury, NJ 08096 | Retired | 12/20/99 | \$50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 500 | | |
| D. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Ms. Betty N. Supplee 411 N. Middletown Rd., # A-301, Lima Estates Lima, PA 19037 | Retired | 12/13/99 | \$50.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 300 | | |
| E. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Mr. Sherwin H. Terry 64 Cypress Marsh Drive Hilton Head Island, SC 29926 | Retired | 12/21/99 | \$ 100.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 750 | | |
| F. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Mr. David H. Tofsted PO Box 123 W.S.M.R., NM 88002 | U.S. Army | 12/29/99 | \$30.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Physician | | |
| | Aggregate Year-to-Date > \$ 263 | | |
| G. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| Mr. Edgar J. Uihlein 500 Skokie Boulevard Suite 595 Northbrook, IL 60062 | None | 12/9/99 | \$500.00 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Retired | | |
| | Aggregate Year-to-Date > \$ 1500 | | |

SUBTOTAL of Receipts This Page (optional)