

| SCHEDULE A | | ITEMIZED RECEIPTS | | 1020 / 2554 Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER 17A |
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| NAME OF COMMITTEE (In Full) McCain 2000, Inc | | | | |
| Full Name, Mailing Address, and ZIP Code Mr. Maninder S. Kahlon 14631 N 15th Drive Phoenix AZ 85023 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Info Requested Occupation Info Requested Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 02/23/2000 | Amount of Each Receipt this Period 1000.00 | |
| Full Name, Mailing Address, and ZIP Code Mr. Charles Kahn 5013 North 17th Street Arlington VA 22207 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer HIAA Occupation Executive Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 02/07/2000 | Amount of Each Receipt this Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code Mr. Leon E. Kahn P.O. Box 5607 Bend OR 97708 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 02/16/2000 | Amount of Each Receipt this Period 250.00 | |
| Full Name, Mailing Address, and ZIP Code Mr. Stephen D. Kahn 2717 Union Street San Francisco CA 94125 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Self Occupation Musician Aggregate Year-to-Date > \$ 1000.00 | Date (month, day, year) 02/29/2000 <small>REATTRIBUTION OF REDESIGNATION REQUESTED (AUTOMATIC)</small> | Amount of Each Receipt this Period 1000.00 | |
| Full Name, Mailing Address, and ZIP Code Mr. Stephen Kahn 15 Bradshaw Lane Northport NY 11768 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer US Dynamics Corporation Occupation Executive Aggregate Year-to-Date > \$ 500.00 | Date (month, day, year) 02/14/2000 | Amount of Each Receipt this Period 500.00 | |
| Full Name, Mailing Address, and ZIP Code Mr. Andrew J. Kain 5755 DeClair Court Atlanta GA 30328 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Info Requested Occupation Info Requested Aggregate Year-to-Date > \$ 250.00 | Date (month, day, year) 02/16/2000 | Amount of Each Receipt this Period 250.00 | |
| Full Name, Mailing Address, and ZIP Code Mr. James W. Kairies 6912 Glenbrook Lane Dallas TX 75262 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : | Name of Employer Tristar Insurance Occupation CFO Aggregate Year-to-Date > \$ 300.00 | Date (month, day, year) 02/15/2000 | Amount of Each Receipt this Period 300.00 | |
| SUBTOTALS of Receipts This Page (Optional) | | | | |
| TOTALS This Period (last page this line number only) | | | | |