

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	10
FOR LINE NUMBER		17a

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NAME OF COMMITTEE (in Full) Kemp for Vice President		FEC ID No. C00321620	
A. Full Name, Mailing Address and ZIP Code Mandell J. Gurisman 2817 Woodland Drive, NW Washington, DC 20008		Name of Employer Gurisman Chevrolet Co., Inc.	Date (month, day, year) 10/3/96
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Chairman and CEO	Amount of Each Receipt this Period 1,000.00
B. Full Name, Mailing Address and ZIP Code Timothy F. Burns 2711 Lorcom Lane Arlington, VA 22207		Name of Employer Information Requested	Date (month, day, year) 10/3/96
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Info Requested	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Allan N. Shulkin 7777 Forest Lane, Suite B202 Dallas, TX 75230		Name of Employer Information Requested	Date (month, day, year) 10/4/96
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Info Requested	Amount of Each Receipt this Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Theodore Jadick 284 Millwood Road Chappaqua, NY 10514		Name of Employer Baldrick & Struggles	Date (month, day, year) 10/4/96
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Consultant	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code Paul C. Kahn 1055 Ponte Vedra Blvd. Ponte Vedra Beach, FL 32082		Name of Employer Retired	Date (month, day, year) 10/4/96
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Retired	Amount of Each Receipt this Period 500.00
F. Full Name, Mailing Address and ZIP Code Charles R. Keefe 1227 Teller Drive Pacific Palisades, CA 90272		Name of Employer Keefe Plumbing	Date (month, day, year) 10/4/96
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner	Amount of Each Receipt this Period 1,000.00
G. Full Name, Mailing Address and ZIP Code David Nelson 841 Moseley Road Highland Park, IL 60035		Name of Employer Housewife	Date (month, day, year) 10/4/96
Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Housewife	Amount of Each Receipt this Period 1,000.00
SUBTOTAL of Receipts This Page (optional)			5,800.00
TOTAL This Period (last page this line number only)			