

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER  
11A1

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**NAME OF COMMITTEE (In Full)**  
**Friends for Rick White**

<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Thomas McIntyre, DDS 827 Lake Street, # 105 PO Box 2759 Kirkland WA 98033	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 06/26/1998	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> Dentist		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 898.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Dr. Thomas McIntyre, DDS 827 Lake Street, # 105 PO Box 2759 Kirkland WA 98033	<b>Name of Employer</b> Self	<b>Date (month, day, year)</b> 06/18/1998	<b>Amount of Each Receipt this Period</b> 100.00
	<b>Occupation</b> Dentist		
<b>Receipt For:</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 898.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Michael McKay 7201 Columbia Center 701 Fifth Avenue Seattle WA 98104	<b>Name of Employer</b> McKay, Chadwell	<b>Date (month, day, year)</b> 04/14/1998	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> Partner		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 250.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Stanley McNaughton 4425 E Lake Goodwin Road Stanwood WA 98292	<b>Name of Employer</b> PEMCO Corporation	<b>Date (month, day, year)</b> 04/16/1998	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> CEO		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 500.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Neil McReynolds 14312 SE 45th Bellevue WA 98006	<b>Name of Employer</b> Kaiser/Group Health	<b>Date (month, day, year)</b> 04/16/1998	<b>Amount of Each Receipt this Period</b> 250.00
	<b>Occupation</b> Executive		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 275.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Neil McReynolds 14312 SE 45th Bellevue WA 98006	<b>Name of Employer</b> Kaiser/Group Health	<b>Date (month, day, year)</b> 04/16/1998	<b>Amount of Each Receipt this Period</b> 25.00
	<b>Occupation</b> Executive		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 275.00		
<b>Full Name, Mailing Address, and ZIP Code</b> Mr. Joe Mentor 5610 Kitsap Way Bremerton WA 98312	<b>Name of Employer</b> The Mentor Company	<b>Date (month, day, year)</b> 06/29/1998	<b>Amount of Each Receipt this Period</b> 500.00
	<b>Occupation</b> Owner		
<b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	<b>Aggregate Year-to-Date</b> > \$ 600.00		

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

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