

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
 Friends of Jon Porter Committee

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sig Rogich 3980 Howard Hughes Parkway Suite 550 Las Vegas, NV 89109-	Rogich Communications	03/31/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Owner		
	Aggregate Year-to-Date ->	1,000.00	
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wigmond J. Rudnicki 5300 E. Twain #258 Las Vegas, NV 89122-	Tool & Dice Associates	01/30/2000	300.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired		
	Aggregate Year-to-Date ->	300.00	
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Russitano 1281 High Forest Svc Las Vegas, NV 89123-	Mark Alden CPA	03/22/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation CPA		
	Aggregate Year-to-Date ->	1,000.00	
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul Russitano 1281 High Forest Svc Las Vegas, NV 89123-	Mark Alden CPA	03/22/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation CPA		
	Aggregate Year-to-Date ->	2,000.00	
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
S.F. Russo M.D. 2654 E. Desert Inn Rd Ste A Las Vegas, NV 89109-	Self employed	03/27/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician		
	Aggregate Year-to-Date ->	1,000.00	
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. Sande III 4125 Badger Circle Reno, NV 89505-	Jonas Vargas	03/31/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Attorney		
	Aggregate Year-to-Date ->	500.00	
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lee V. Sanders 410 Patti Ann Woods Drive Henderson, NV 89015-	Sandex Inc.	02/25/2000	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation President		
	Aggregate Year-to-Date ->	500.00	

SUBTOTAL of Receipts This Page (optional)	5,300.00
TOTAL This Period (last page this line number only)	