

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
Barr-Congress

A. Full Name, Mailing Address and Zip Code Mr. Walter Smith, Jr. 2189 Walker Drive Lawrenceville, GA 30043-	Name of Employer None	Date (month, day, year) 09/11/2000	Amount of Each Receipt this Period 40.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 215.00	
B. Full Name, Mailing Address and Zip Code Mr. William J. Smith, Jr. 4256 Clark Lake Way Acworth, GA 30102-	Name of Employer S & H Riggers & Erectors	Date (month, day, year) 07/26/2000	Amount of Each Receipt this Period 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	
C. Full Name, Mailing Address and Zip Code Hon. Robert J. Snelling 9733 Cobble Creek Drive Douglasville, GA 30135-	Name of Employer Delta	Date (month, day, year) 09/22/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Pilot	Aggregate Year-to-Date -> 350.00	
D. Full Name, Mailing Address and Zip Code Kevin Snodgrass, MD 3 Forrest Meadow Rome, GA 30165-	Name of Employer Self	Date (month, day, year) 08/25/2000	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Physician	Aggregate Year-to-Date -> 500.00	
E. Full Name, Mailing Address and Zip Code Mr. William B. Snyder 5630 Wisconsin Avenue No. 1504 Chevy Chase, MD 20815-	Name of Employer None	Date (month, day, year) 09/01/2000	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Retired	Aggregate Year-to-Date -> 1,000.00	
F. Full Name, Mailing Address and Zip Code Mrs. Morone J. Sokol 55 Emory Drive Hartwell, GA 30643	Name of Employer None	Date (month, day, year) 08/28/2000	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Homemaker	Aggregate Year-to-Date -> 100.00	
G. Full Name, Mailing Address and Zip Code Mrs. Morone J. Sokol 55 Emory Drive Hartwell, GA 30643	Name of Employer None	Date (month, day, year) 09/28/2000	Amount of Each Receipt this Period 102.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Homemaker	Aggregate Year-to-Date -> 202.00	

SUBTOTAL of Receipts This Page (optional)	2,842.00
TOTAL This Period (last page this line number only)	