

SCHEDULE A

ITEMIZED RECEIPTS

The separate schedule(s) for each category of the receipted Summary Page	PAGE	OF
	17	38
FOR LINE NUMBER		
11(a)(i)		

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NAME OF COMMITTEE (In Full)
Barr-Congress

A. Full Name, Mailing Address and Zip Code Garland Favorite 3952 Spalding Hollow Norcross, GA 30092-1976 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cashmate, Inc.	Date (month, day, year) 02/25/200	Amount of Each Receipt this Period \$250.00
	Occupation Owner	Redesignation of 12/31/99	MEMO
B. Full Name, Mailing Address and Zip Code Garland Favorite 3952 Spalding Hollow Norcross, GA 30092-1976 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Cashmate, Inc.	Date (month, day, year) 03/31/200	Amount of Each Receipt this Period \$250.00 *
	Occupation Owner	Aggregate Year-to-Date -> \$250.00	
C. Full Name, Mailing Address and Zip Code Richard Feldman 2900 Delk Road Suite 700-187 Marietta, GA 30067- Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Self	Date (month, day, year) 03/31/200	Amount of Each Receipt this Period \$500.00
	Occupation Attorney	Aggregate Year-to-Date -> \$500.00	
D. Full Name, Mailing Address and Zip Code Clarence Finleyson 100 Ole Hickory Trail North Carrollton, GA 30117 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Citizens Bank & Trust	Date (month, day, year) 03/17/200	Amount of Each Receipt this Period \$1000.00
	Occupation Banker	Aggregate Year-to-Date -> \$1000.00	
E. Full Name, Mailing Address and Zip Code Michael T. Fleming, MD 3211 Lemons Ridge Drive, NW Atlanta, GA 30339 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Northwest Neurosurgical	Date (month, day, year) 02/18/200	Amount of Each Receipt this Period \$1000.00
	Occupation Surgeon	Aggregate Year-to-Date -> \$1000.00	
F. Full Name, Mailing Address and Zip Code Michael T. Fleming, MD 3211 Lemons Ridge Drive, NW Atlanta, GA 30339 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer Northwest Neurosurgical	Date (month, day, year) 03/10/200	Amount of Each Receipt this Period \$1000.00
	Occupation Surgeon	Redesignation of 2/19/00.	MEMO
G. Full Name, Mailing Address and Zip Code Langdon S. Flowers P.O. Box 997 Thomasville, GA 31799-0997 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Name of Employer None	Date (month, day, year) 03/09/200	Amount of Each Receipt this Period \$200.00
	Occupation Retired	Aggregate Year-to-Date -> \$200.00	

* Designated on face (letter)

SUBTOTAL of Receipts This Page (optional)	\$2950.00
NOTE: This Period (last page this line number only)	