

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Attach schedule(s)  
 in category of the  
 Summary Page

PAGE 1 OF 1  
 FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

*Conservative Victory Committee*

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
<i>Harold Simmons 5430 LBJ Freeway #1700 Dallas, TX 75240</i>	<i>Valhi, Inc.</i>	<i>3/9/99</i>	<i>5,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>CEO</i>	Aggregate Year-to-Date > <input type="checkbox"/>	<i>5,000.00</i>
<i>Annette Simmons 5430 LBJ Freeway #1700 Dallas, TX 75240</i>		<i>3/9/99</i>	<i>5,000.00</i>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <i>Housewife</i>	Aggregate Year-to-Date > <input type="checkbox"/>	<i>5,000.00</i>
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <input type="checkbox"/>	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <input type="checkbox"/>	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <input type="checkbox"/>	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <input type="checkbox"/>	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > <input type="checkbox"/>	

SUBTOTAL of Receipts This Page (optional) .....	<i>10,000.00</i>
TOTAL This Period (last page this line number only) .....	<i>10,000.00</i>