

SCHEDULE A

ITEMIZED RECEIPTS

Contributions from Individuals/Persons

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NAME OF COMMITTEE (In Full)

Lucas for Congress 2000 C00328922

A. Full Name, Mailing Address and ZIP Code John E. Lange, III 4 W. 4th St., Ste. 400 Newport, KY 41071 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Munninghoff & Lange	Date (month, day, year) 8/24/00	Amount of Each Receipt this Period \$250.00
	Occupation Accountant Aggregate Year-to-Date > \$		\$250.00
B. Full Name, Mailing Address and ZIP Code John C. LaVelle 2701 Turkeyfoot Road Covington, KY 41017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 8/24/00	Amount of Each Receipt this Period \$250.00
	Occupation Information Requested Aggregate Year-to-Date > \$		\$250.00
C. Full Name, Mailing Address and ZIP Code Steve C. Lenox 11343 Loftus Lane Union, KY 41091 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lenox Insurance Agency	Date (month, day, year) 9/5/00	Amount of Each Receipt this Period \$500.00
	Occupation Owner Aggregate Year-to-Date > \$		\$500.00
D. Full Name, Mailing Address and ZIP Code John Maddox 30 N. Main St. Walton, KY 41094 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 8/8/00	Amount of Each Receipt this Period \$250.00
	Occupation Dentist Aggregate Year-to-Date > \$		\$250.00
E. Full Name, Mailing Address and ZIP Code Chandrakala Manchikanti 2075 Natchez Lane Paducah, KY 42001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested	Date (month, day, year) 9/30/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Information Requested Aggregate Year-to-Date > \$		\$1,000.00
F. Full Name, Mailing Address and ZIP Code Lakshmiiah Manchikanti 2075 Natchez Lane Paducah, KY 42001 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self	Date (month, day, year) 9/5/00	Amount of Each Receipt this Period \$1,000.00
	Occupation Physician Aggregate Year-to-Date > \$		\$1,000.00
G. Full Name, Mailing Address and ZIP Code Mike Mangedl 3137 Bernard Drive Edgewood, KY 41017 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Century Construction	Date (month, day, year) 9/27/00	Amount of Each Receipt this Period \$250.00
	Occupation Owner Aggregate Year-to-Date > \$		\$750.00

SUBTOTAL of Receipts This Page (optional)	\$3,500.00
TOTAL This Period (last page this line number only)	