

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
11a		

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NAME OF COMMITTEE (in full)  
 Good Government Fund - MEMO SCHEDULE  
 Friends of Conrad Burns

A. Full Name, Mailing Address and ZIP Code J.L. Buifiner 3301 Princeton  Dallas, TX 75205 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed  Occupation Auto Dealer Aggregate Year-To-Date $\geq$ \$ 454.55	Date (month, day, year) 7/13/00	Amount of Each Receipt this Period 454.55
B. Full Name, Mailing Address and ZIP Code John L. Rau 3217 Del Monte  Houston, TX 77019 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Silver Eagle Dist.  Occupation President/CEO Aggregate Year-To-Date $\geq$ \$ 454.55	Date (month, day, year) 8/28/00	Amount of Each Receipt this Period 454.55
C. Full Name, Mailing Address and ZIP Code Bradfield F. Wright 3428 Chevy Chase Dr.  Houston, TX 77019-3114 Receipt for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self employed  Occupation Attorney Aggregate Year-To-Date $\geq$ \$ 227.27	Date (month, day, year) 8/28/00	Amount of Each Receipt this Period 227.27
D. Full Name, Mailing Address and ZIP Code   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-To-Date $\geq$ \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-To-Date $\geq$ \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-To-Date $\geq$ \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer   Occupation  Aggregate Year-To-Date $\geq$ \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	1,136.37
TOTAL This Period (last page this line number only)	1,136.37