

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 a j

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NAME OF COMMITTEE (In Full)
New Republican Majority Fund

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code JEANETTE HARPER 1112 DOGWOOD DRIVE KINGSTON, TN 37783-2308</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 418.00</p> | <p>Date (month, day, year) 10/23/00</p> | <p>Amount of Each Receipt this Period 100.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code PAUL PERRY 3401 NORTH WILDER ROAD PLANT CITY, FL 33685-2877</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation PHYSICIAN</p> <p>Aggregate Year-to-Date > \$ 300.00</p> | <p>Date (month, day, year) 10/23/00</p> | <p>Amount of Each Receipt this Period 100.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code JAMES ROWSEY 133 ARBE DRIVE SAN ANTONIO, TX 78216-7602</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Information Requested</p> <p>Occupation Information Requested</p> <p>Aggregate Year-to-Date > \$ 600.00</p> | <p>Date (month, day, year) 10/23/00</p> | <p>Amount of Each Receipt this Period 600.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code BURNEY HARTRIDGE 128 HERITAGE DRIVE, A-4 ST SIMONS IS, GA 31522-2023</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 1,300.00</p> | <p>Date (month, day, year) 10/23/00</p> | <p>Amount of Each Receipt this Period 300.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code FRANK WEST N548 CARMEL VALLEY ROAD CARMEL, CA 93823-8668</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 700.00</p> | <p>Date (month, day, year) 10/23/00</p> | <p>Amount of Each Receipt this Period 500.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code ALFRED BRIGNAC JR. 3416 GOLDEN GRAIN RD. RAYNE, LA 70478-2527</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 250.00</p> | <p>Date (month, day, year) 10/24/00</p> | <p>Amount of Each Receipt this Period 150.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code LOUISE BROWN 465 BROYLES LN BRISTOL, TN 37620-0715</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 500.00</p> | <p>Date (month, day, year) 10/24/00</p> | <p>Amount of Each Receipt this Period 300.00</p> |

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|------------------------------------------------------------------|------------------------|
| <p>SUBTOTAL of Receipts This Page (optional)</p> | <p>1,950.00</p> |
| <p>TOTAL This Period (last page this line number only)</p> | <p></p> |