

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

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NAME OF COMMITTEE (in Full)
Republican Majority Fund

A. Full Name, Mailing Address and ZIP Code Clint Cox P.O. Box 702280 Tulsa, OK 74170-2280	Name of Employer Warehouse Market	Date (month, day, year) 10/22/98	Amount of Each Receipt this Period 250.00
	Occupation Retail Grocery Exec.	Aggregate Year-to-Date > \$ 350.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Clint Cox P.O. Box 702280 Tulsa, OK 74170-2280	Name of Employer Warehouse Market	Date (month, day, year) 10/22/98	Amount of Each Receipt this Period 100.00
	Occupation Retail Grocery Exec.	Aggregate Year-to-Date > \$ 450.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code R.R. Vijay 4 Columbia Dr., Suite 830 Tampa, FL 33606	Name of Employer Self-employed	Date (month, day, year) 10/23/98	Amount of Each Receipt this Period 500.00
	Occupation Physician	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Sandy Halo P.O. Box 440 Williamstown, NJ 08094	Name of Employer Nassau County Medical Center	Date (month, day, year) 10/23/98	Amount of Each Receipt this Period 250.00
	Occupation	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Leslie Brorsen 5809 Magnolia Lane Falls Church, VA 22041	Name of Employer Ernst and Young LLP	Date (month, day, year) 10/23/98	Amount of Each Receipt this Period 250.00
	Occupation Partner	Aggregate Year-to-Date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Bruce Gates 1720 Stonebridge Rd. Alexandria, VA 22304	Name of Employer Washington Counsel, PC	Date (month, day, year) 10/28/98	Amount of Each Receipt this Period 1,000.00
	Occupation Partner	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code John Montgomery 2715 M Street, NW, #300 Washington, DC 20007	Name of Employer Murray, Shear & Montgomery	Date (month, day, year) 10/26/98	Amount of Each Receipt this Period 1,000.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 3,350.00

TOTAL This Period (last page line number only)