SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 35 / 116

[X] 11a [ ] 11b [ ] 11c [ ] 11d
[ ] 12 [ ] 13a [ ] 13b [ ] 14 [ ] 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PALLONE FOR CONGRESS

A.
Full Name (Last, First, Middle Initial): Prem Reddy
Mailing Address: 16850 Bear Valley Rd.
City: Victorville State: CA Zip Code: 92392
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: 2004 X Primary General Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 05 19 2003
Transaction ID: SA11A1.12820
Amount of Each Receipt this Period: 2000.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B.
Full Name (Last, First, Middle Initial): Surya M. Reddy
Mailing Address: 1001 S. State St.
City: Hemet State: CA Zip Code: 92542
FEC ID number of contributing federal political committee: C
Name of Employer: Apple Medical Group
Occupation: Physician
Receipt For: 2004 X Primary General Other (specify)
Election Cycle-to-Date: 300.00
Date of Receipt: 06 22 2003
Transaction ID: SA11A1.13430
Amount of Each Receipt this Period: 300.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C.
Full Name (Last, First, Middle Initial): Jose Rivera
Mailing Address: 450 Ashcreek Rd.
City: Paducah State: KY Zip Code: 42001
FEC ID number of contributing federal political committee: C
Name of Employer: Pain Mgmt. Center of Paducah
Occupation: Physician
Receipt For: 2004 X Primary General Other (specify)
Election Cycle-to-Date: 2000.00
Date of Receipt: 05 13 2003
Transaction ID: SA11A1.12795
Amount of Each Receipt this Period: 2000.00
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ..... ▶ **4300.00**

TOTAL This Period (last page this line number only) ..... ▶