

SCHEDULE A

ITEMIZED RECEIPTS

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

Contributions From Individuals/Persons

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NAME OF COMMITTEE (in Full) Schiff for Congress (02/17/2000 - 03/31/2000)
Committee ID Number C00343871

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard West 455 North Palm Drive Beverly Hills, CA 90210	Retired	02/28/2000	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael S. Whalen 550 W. California Blvd. Pasadena, CA 91105	Davis & Whalen, LLP	03/02/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date \$ 250.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis M. Wheat 2130 Lombardy Road San Marino, CA 91108	Retired	03/01/2000	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date \$ 1,300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis M. Wheat 2130 Lombardy Road San Marino, CA 91108	Retired	03/01/2000	150.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date \$ 1,300.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis M. Wheat 2130 Lombardy Road San Marino, CA 91108	Retired	03/23/2000	1,000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date \$ 1,300.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joanne Willens Widzer 1352 Roscomare Road Los Angeles, CA 90077	Martin E. Widzer, M.D.	03/02/2000	250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Clinical Social Worker	Aggregate Year-to-Date \$ 750.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joanne Willens Widzer 1352 Roscomare Road Los Angeles, CA 90077	Martin E. Widzer, M.D.	03/21/2000	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Clinical Social Worker	Aggregate Year-to-Date \$ 750.00	

SUBTOTAL of Receipts This Page (optional) 3,050.00

TOTAL This Period (last page this line number only)