

SCHEDULE A ITEMIZED RECEIPTS
Contributions from Individuals/Persons

Use separate schedule(s)
for each category of the
Detailed Summary Page
(07/01/1999 - 12/31/1999)

PAGE 1 OF 2
FOR LINE NUMBER 11(a)(1)

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NAME OF COMMITTEE (in Full)

MATHEWS FOR CONGRESS C00259374

A. Full Name, Mailing Address and ZIP Code Joseph P. Alenghat 6736 N. Post Oak Rd. Peoria, IL 61615 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 11/29/1999	Amount of Each Receipt this Period 250.00
	Occupation Physician Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Shailly Arora 6 Edward Avenue Syosset, NY 11791 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Key Management Group Inc.	Date (month, day, year) 09/27/1999	Amount of Each Receipt this Period 600.00
	Occupation Business Executive Aggregate Year-to-Date > \$ 600.00		
C. Full Name, Mailing Address and ZIP Code Shirley Demarco 623 Terrina Avenue Long Beach, CA 90814 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer 	Date (month, day, year) 07/16/1999 08/16/1999 09/22/1999 10/28/1999 11/29/1999	Amount of Each Receipt this Period 30.00 30.00 30.00 30.00 30.00
	Occupation Information Requested Aggregate Year-to-Date > \$ 310.00		
D. Full Name, Mailing Address and ZIP Code Baldev Singh Grewal 1516 E. Villa Rita Dr. Phoenix, AZ 85022 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Taste Of India	Date (month, day, year) 07/29/1999	Amount of Each Receipt this Period 250.00
	Occupation Restaurant Owner Aggregate Year-to-Date > \$ 250.00		
E. Full Name, Mailing Address and ZIP Code Sudhir Khanna 3800 Red Deer Crossing Edmond, OK 73034 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Employed	Date (month, day, year) 12/16/1999	Amount of Each Receipt this Period 250.00
	Occupation M.D. Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code Subroto Kundu 7370 Hilledale Dr. Pleasanton, CA 94388 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 10/25/1999	Amount of Each Receipt this Period 500.00
	Occupation Physician Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code Dr. B.K. Kurianose 30 The Pines Old Westbury, NY 11568 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self-Employed	Date (month, day, year) 09/17/1999	Amount of Each Receipt this Period 500.00
	Occupation Physician Aggregate Year-to-Date > \$ 500.00		

SUBTOTAL of Receipts This Page (optional)

2,500.00

TOTAL This Period (last page this line number only)