

SCHEDULE A ITEMIZED RECEIPTS

Contributions from Individuals/Persons

Use separate schedule(s) for each category of the Detailed Summary Page (01/01/2000 - 02/15/2000)

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FOR LINE NUMBER 11(a) (i)

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NAME OF COMMITTEE (in Full)

Solis for Congress C00346296

<p>A. Full Name, Mailing Address and ZIP Code Jaan Whitehead 44 Gramercy Park, N.. #11B New York, NY 10010</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Best Efforts</p> <p>Occupation Best Efforts</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 02/07/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>B. Full Name, Mailing Address and ZIP Code Michael Whitehead 12500 Stanwood Pl. Los Angeles, CA 90066</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer San Gabriel Valley Water Community</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 01/26/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Joanne Willens Widzer 1352 Roscomare Road Los Angeles, CA 90077</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Martin B. Widzer, M.D., Inc.</p> <p>Occupation Psychotherapist</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 02/15/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Barry J. Williams 19 Fairview Ave. Corte Madera, CA 94925</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Jones, Clifford, et al</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 01/21/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Marilyn L. Williamson 2275 Oakway West Bloomfield, MI 48324</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Best Efforts</p> <p>Occupation Best Efforts</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date(month, day, year) 02/16/2000</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>F. Full Name, Mailing Address and ZIP Code Robin G. Willner 315 Riverside Dr., #10C New York, NY 10025</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Best Efforts</p> <p>Occupation Best Efforts</p> <p>Aggregate Year-to-Date > \$ 250.00</p>	<p>Date(month, day, year) 02/09/2000</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code Wendy C. Wolf 105 Laurier Pl. Bryn Mawr, PA 19010</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):</p>	<p>Name of Employer Best Efforts</p> <p>Occupation Best Efforts</p> <p>Aggregate Year-to-Date > \$ 350.00</p>	<p>Date(month, day, year) 02/12/2000</p>	<p>Amount of Each Receipt this Period 350.00</p>

SUBTOTAL of Receipts This Page (optional)

2,350.00

TOTAL This Period (last page this line number only)