

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NO. 11B1

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NAME OF COMMITTEE (in Full)

Christopher Cox Congressional Committee

FEC ID No. C00223297

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard C. Elliott 23 Harbor Island Newport Beach CA 92660-7201	N/A	11-26-96	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 350.00	
B. Full Name, Mailing Address and ZIP Code Patrick C. Hadan 1525 Wilson Avenue San Marino CA 91108-2364	Name of Employer Riordan & McKinzie	Date (month, day, year) 12-24-96	Amount of Each Receipt this Period 350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 550.00	
C. Full Name, Mailing Address and ZIP Code Duy Henley 14251 Niwasa Lane Tustin CA 92780-2334	Name of Employer Aeromil Engineering Company Inc.	Date (month, day, year) 12-24-96	Amount of Each Receipt this Period 350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 450.00	
D. Full Name, Mailing Address and ZIP Code Robert A. Kleist 7 Cherbourg Newport Beach CA 92660-6807	Name of Employer Printronic, Inc.	Date (month, day, year) 12-24-96	Amount of Each Receipt this Period 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 1000.00	
E. Full Name, Mailing Address and ZIP Code Jorge E. Lujan 34321 Amber Lantern Dana Point CA 92629	Name of Employer Newport Center Medical	Date (month, day, year) 12-24-96	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 250.00	
F. Full Name, Mailing Address and ZIP Code Lucia Ann Lujan 34321 Amber Lantern Dana Point CA 92629	Name of Employer Self Employed	Date (month, day, year) 12-24-96	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Restaurateur	Aggregate Year-to-Date > \$ 250.00	
G. Full Name, Mailing Address and ZIP Code Harry T. Marcindale 1015 Granville Drive Newport Beach CA 92660-6205	Name of Employer N/A	Date (month, day, year) 12-24-96	Amount of Each Receipt this Period 350.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Retired	Aggregate Year-to-Date > \$ 1100.00	

SUBTOTAL of Receipts This Page (optional)..... 2150.00

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