

SCHEDULE A

ITEMIZED RECEIPTS

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Name of Committee (in Full) **CITIZENS FOR DOWNEY**

| A. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date     | Amount   |
|---|---|----------|----------|
| Mr. & Mrs. Peter E. Greene<br>75 Central Park West<br>New York NY 10023                                       | Skadden, Arps, Slate, Meagher & Flom<br>Occupation<br>Partner | 10/02/90 | \$250.00 |
| Receipt for: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify): | Aggregate Year-to-Date-\$ 250.00                              |          |          |

| B. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date     | Amount   |
|---|---|----------|----------|
| Ms. Constance S. Huttner<br>340 East 64th Street<br>New York NY 10021   | Skadden, Arps, Slate, Meagher & Flom<br>Occupation<br>Partner | 10/02/90 | \$250.00 |
| Receipt for: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify): | Aggregate Year-to-Date-\$ 250.00                              |          |          |

| C. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date     | Amount   |
|---|---|----------|----------|
| Mr. & Mrs. Jay Kasner<br>45 East End Avenue<br>New York NY 10028  | Skadden, Arps, Slate, Meagher & Flom<br>Occupation<br>Partner | 10/02/90 | \$250.00 |
| Receipt for: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify): | Aggregate Year-to-Date-\$ 250.00                              |          |          |

| D. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date     | Amount   |
|---|---|----------|----------|
| Mr. Kurt Koegler<br>c/o Skadden, Arps, Slate Et Al<br>919 Third Avenue<br>New York NY 10022                   | Skadden, Arps, Slate, Meagher & Flom<br>Occupation<br>Partner | 10/02/90 | \$500.00 |
| Receipt for: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify): | Aggregate Year-to-Date-\$ 500.00                              |          |          |

| E. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date     | Amount   |
|---|---|----------|----------|
| Mr. Stanley M. Kolber<br>10 Woodland Drive<br>Rye NY 10580  | Walter Kaye Association Inc.<br>Occupation<br>General Counsel | 10/02/90 | \$250.00 |
| Receipt for: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify): | Aggregate Year-to-Date-\$ 250.00                              |          |          |

| F. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date     | Amount   |
|---|---|----------|----------|
| Mr. & Mrs. Patrick Foye<br>24 Cornwells Beach Road<br>Sands Point NY 11050                                    | Skadden, Arps, Slate, Meagher & Flom<br>Occupation<br>Partner | 10/02/90 | \$250.00 |
| Receipt for: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify): | Aggregate Year-to-Date-\$ 250.00                              |          |          |

| G. Full Name, Mailing Address and ZIP Code  | Name of Employer  | Date     | Amount   |
|---|---|----------|----------|
| Mr. Jerome Hirsch<br>c/o Skadden, Arps, Slate Et Al<br>919 Third Avenue<br>New York NY 10022                  | Skadden, Arps, Slate, Meagher & Flom<br>Occupation<br>Partner | 10/02/90 | \$250.00 |
| Receipt for: Primary <input type="checkbox"/> General <input checked="" type="checkbox"/><br>Other (specify): | Aggregate Year-to-Date-\$ 250.00                              |          |          |

SUBTOTAL of Receipts This Page (optional)..... \$2,000.00

TOTAL this period (last page this line number only).....

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