

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER

11(a) (i)

**Contributions From Individuals/Persons**

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**NAME OF COMMITTEE (in Full)**

(02/17/2000 - 03/31/2000)

Bob Matsui for Congress

0000085698

A. Full Name, Mailing Address and ZIP Code George Matsuoka 133 Fortado Circle Sacramento, CA 95831  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self (Matsuoka Realty Company)  Occupation Realtor  Aggregate Year-to-Date \$ 600.00	Date (month, day, year) 02/25/2000	Amount of Each Receipt this Period 600.00
B. Full Name, Mailing Address and ZIP Code John D. Menke 170 Estates Dr. Piedmont, CA 94611  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Menke & Assoc.  Occupation Attorney  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/06/2000	Amount of Each Receipt this Period 300.00
C. Full Name, Mailing Address and ZIP Code Samuel Merksamer 1549 Elsdon Circle Carmichael, CA 95608  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested - No Response  Occupation Information Requested - No Response  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/07/2000	Amount of Each Receipt this Period 300.00
D. Full Name, Mailing Address and ZIP Code John T. Miller 25 Crescent Street, Apt. 435 Waltham, MA 02154  Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Information Requested - No Response  Occupation Information Requested - No Response  Aggregate Year-to-Date \$ 1,000.00	Date (month, day, year) 03/28/2000	Amount of Each Receipt this Period 1,000.00
E. Full Name, Mailing Address and ZIP Code David K. Murphy 700 Selsey Court Sacramento, CA 95864-6130  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self (Pickett-Rothholz & Murphy)  Occupation Insurance Broker  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 02/25/2000	Amount of Each Receipt this Period 300.00
F. Full Name, Mailing Address and ZIP Code Robert E. Murphy 809 Cobble Cove Lane Sacramento, CA 95831  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kronick, Moskowitz et al  Occupation Attorney  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/03/2000	Amount of Each Receipt this Period 300.00
G. Full Name, Mailing Address and ZIP Code Robert Ross Peabody, M.D. 1700 Alhambra Blvd., Ste. 202 Sacramento, CA 95816  Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Medical Vision Technology  Occupation Physician  Aggregate Year-to-Date \$ 300.00	Date (month, day, year) 03/06/2000	Amount of Each Receipt this Period 300.00

**SUBTOTAL** of Receipts This Page (optional) ..... 3,100.00

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