

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

**Contributions From Individuals/Persons**

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**NAME OF COMMITTEE (in Full)** Schiff for Congress (07/01/1999 - 12/31/1999)  
C00343871

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Richard J. Welch 20046 Valley View Drive Topanga, CA 90290</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> Information Requested - No Response</p> <p><b>Occupation</b> Information Requested - No Response</p>	<p><b>Date (month, day, year)</b> 12/28/1999</p>	<p><b>Amount of Each Receipt this Period</b> 500.00</p>
<p>Aggregate Year-to-Date \$ 500.00</p>		<p><b>B. Full Name, Mailing Address and ZIP Code</b> Francis M. Wheat 2130 Lombardy Road San Marino, CA 91108</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	
<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b> Retired</p>		<p><b>Date (month, day, year)</b> 09/17/1999</p>	<p><b>Amount of Each Receipt this Period</b> 200.00</p>
<p>Aggregate Year-to-Date \$ 350.00</p>		<p><b>C. Full Name, Mailing Address and ZIP Code</b> Francis M. Wheat 2130 Lombardy Road San Marino, CA 91108</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	
<p><b>Name of Employer</b> Retired</p> <p><b>Occupation</b> Retired</p>		<p><b>Date (month, day, year)</b> 12/09/1999</p>	<p><b>Amount of Each Receipt this Period</b> 150.00</p>
<p>Aggregate Year-to-Date \$ 350.00</p>		<p><b>D. Full Name, Mailing Address and ZIP Code</b> Joanne Willens Widzer 1352 Roscomare Road Los Angeles, CA 90077</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	
<p><b>Name of Employer</b> Martin B. Widzer, M.D.</p> <p><b>Occupation</b> Clinical Social Worker</p>		<p><b>Date (month, day, year)</b> 11/29/1999</p>	<p><b>Amount of Each Receipt this Period</b> 350.00</p>
<p>Aggregate Year-to-Date \$ 450.00</p>		<p><b>E. Full Name, Mailing Address and ZIP Code</b> Law Offices of Wilcoxon, Montgomery &amp; Harbison 2114 K Street Sacramento, CA 95816</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	
<p><b>Name of Employer</b> Partnership</p> <p><b>Occupation</b></p>		<p><b>Date (month, day, year)</b> 09/10/1999</p>	<p><b>Amount of Each Receipt this Period</b> 250.00</p> <p>See Attribution Below</p>
<p>Aggregate Year-to-Date \$ 250.00</p>		<p><b>F. Full Name, Mailing Address and ZIP Code</b> Joseph Harbison 2114 K Street Sacramento, CA 95816</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	
<p><b>Name of Employer</b> Wilcoxon, Montgomery &amp; Harbison</p> <p><b>Occupation</b> Attorney</p>		<p><b>Date (month, day, year)</b> 09/10/1999</p>	<p><b>Amount of Each Receipt this Period</b> 250.00 (memo)</p>
<p>Aggregate Year-to-Date \$ 250.00</p>		<p><b>G. Full Name, Mailing Address and ZIP Code</b> Harold M. Williams 320 W. Carmelina Avenue Los Angeles, CA 90049</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	
<p><b>Name of Employer</b> Skadden, Arps et al</p> <p><b>Occupation</b> Attorney</p>		<p><b>Date (month, day, year)</b> 12/30/1999</p>	<p><b>Amount of Each Receipt this Period</b> 325.00</p>
<p>Aggregate Year-to-Date \$ 575.00</p>			

<p><b>SUBTOTAL of Receipts This Page (optional)</b> .....</p>	<p>1,775.00</p>
<p><b>TOTAL This Period (last page this line number only)</b> .....</p>	<p></p>